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KENT COUNTY COUNCIL

EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

SCHOOL MEDICAL OFFICER

for the year 1935

By

ALFRED GREENWOOD, M.D., B.Sc., D.P.H.
(Barrister-at-Law)
School Medical Officer

PRINTED BY HEADLEY BROTHERS, INVICTA PRESS, ASHFORD, KENT
AND PUBLISHED BY THE KENT COUNTY COUNCIL, PUBLIC HEALTH
DEPARTMENT, SESSIONS HOUSE, MAIDSTONE

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CONTENTS

PAGE
Members of the Education Committee 4
Prefatory Letter 5
Administrative Details .. 7
  Staff 9
  Co-ordination 10
  School Hygiene 10
Findings of Medical Inspection 10
Infectious Diseases 10
Work of Nurses (Table) .. 13
Following-up 16

Medical Treatment :

  Tonsils and Adenoids .. 16
  Tuberculosis 17
  Defective Vision 19
  Crippling Defects and Orthopædics 19
  Reports of School Dentists .. 23
Provision of Meals 30
Milk in Schools 31
Nutrition 33
Co-operation of Voluntary Bodies 57
  N.S.P.C.C. 57
  Kent Voluntary Association for Mental Welfare 58
  Kent Council of Social Service 66
  West End Hospital 68
  Tavistock Square Clinic .. 68
PAGE
Blind, Deaf, Defective and Epileptic Children .. 68
  Tonbridge Special School .. 68
Secondary Schools 69
Parents' Payments 70
Health Education 70
Examinations of Teachers and Scholarship Candidates .. 70
Necessitous Cases 70

Elementary Schools :

  Children Inspected (Table) .. 71
  Defects Found (Table) .. 72
  Exceptional Children (Table) 74
  Treatment of Defects (Table) 77

Secondary and Private Schools :

  Pupils Inspected (Table) .. 84
  Defects Found (Table) .. 85
  Treatment of Defects (Table) 88

KENT COUNTY COUNCIL

MEMBERS OF THE KENT EDUCATION COMMITTEE, FEBRUARY 1936

COUNTY COUNCIL MEMBERS.

Colthup, W. (*ex-officio*).
Cornwallis, Rt. Hon. Lord (*ex-officio*).
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Gouge, G.
Gully, G. J.
Hardy, E.
Hesketh, E.
Hussey, E. W.
Jaffray, Capt. E. W.
Leney, Hugh.
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Stevens, Ashley.
Streeten, F. O.
Tuff, C.
Wakeley, R. M.
Watts, Capt. F. J.
Wigan, Miss E. J.

Representing areas autonomous for Elementary Education :

Corfe, A. F.
Hodes, F. P.
Elgood, C. A.
Huggins, H.
Tapp, A. W.
Thomas, W. E.

MEMBERS OUTSIDE THE BODY OF THE COUNTY COUNCIL.

The Rt. Rev. Bishop of Dover.
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Deed, Mrs. M. M.
Fryer, Miss E. M.
Leedal, Rev. J. J.
Lees, Prof. C. H., D.Sc., F.R.S.
Powell, Rev. Canon H. T.
Rendel, Miss L. M.
Sloman, H. N. P.
Toke, L. A. St. L.
Whitehouse, F.

Public Health Department,

Sessions House,

Maidstone.

18*th February*, 1936.

To the Chairman and Members of the Kent Education Committee

Mr. Chairman, my Lords, Ladies and Gentlemen,

I have the honour to submit herewith my twenty-third Annual Report upon the work of Medical Inspection and Treatment of School Children in the County of Kent, for the year ended 31st December, 1935.

The arrangement of the Report, and of the Tables (which are in accordance with the requirements of the Board of Education), is the same as in previous years ; and reports by the assistant medical officers and the school dental surgeons, on various aspects of their work, are incorporated in the body of the Report.

I wish to record my appreciation of the work of my staff throughout the year. The manifold duties have been well performed, and this efficiency, coupled with the co-operation and loyal support of the teachers, has enabled the work to be conducted with smoothness towards its valuable objective.

Dr. J. W. Fox, the Assistant School Medical Officer, and Oculist to the Committee, has again assisted me by preparing this report.

Finally, I would express my thanks to your Committee for the interest and encouragement which have been evinced in this important branch of their work.

I am, Mr. Chairman, my Lords, Ladies and Gentlemen,

Your obedient servant,

ALFRED GREENWOOD,

School Medical Officer.

KENT EDUCATION COMMITTEE

Report of the School Medical Officer

on the

Medical Inspection & Treatment of School Children

for the year ended December 31st, 1935

ADMINISTRATION.

On April 1st, 1935, the area of the administrative County of Kent for Elementary Education purposes was 897,405 acres, and the population was 644,700, of whom the average number on the roll of elementary schools is 79,528, the average attendance being 71,324. For Higher Education and General Purposes the population is 1,278,300.

The following districts are autonomous for elementary education purposes, and therefore do not come within the scope of this Report, except for Higher Education :—

- Borough of Beckenham.
- Borough of Bromley.
- Borough of Chatham.
- Borough of Deal.
- Borough of Dover.
- Urban District of Erith.
- Borough of Faversham.
- Borough of Folkestone.
- Borough of Gillingham.
- Borough of Gravesend.
- Borough of Maidstone.
- Urban District of Penge.
- Borough of Margate.
- Borough of Ramsgate.
- City of Rochester.
- Borough of Royal Tunbridge Wells.

The County Borough of Canterbury is autonomous for purposes of secondary as well as elementary education, but the Committee's Medical Officers carry out the inspections at the secondary schools of this area, by arrangement with the City of Canterbury Education Committee.

The boundaries of Deal, Faversham, Gravesend, Ramsgate and Margate were enlarged during the year involving the loss of the following schools :—

Schools.	*School Roll.*
Birchington	353
Chalk	104
Denton	247
Great Mongeham	70
North Preston	341
Ospringe	208
St. Lawrence Extra	192
Walmer	560
Westgate	361

These changes have necessitated some modification in the organization of the services, especially in the Thanet area.

Particulars relating to Schools, etc., in the area of the Committee on 31st December, 1935.

No. of Elementary Schools	184 Council. 256 Voluntary.
No. of Elementary Schools	142 Urban areas. 298 Rural areas.
No. of Departments	542
School Roll	47,273 Urban areas 32,796 Rural areas.
No. of Schools for Higher Education (including Technical and Day Trades Schools)	53
Number on Roll (Autumn Term)	16,599

School Clinics.

No. of Minor Ailment Clinics	16
No. of Dental Clinics	40
No. of Ophthalmic Clinics	14
No. of Orthopædic Clinics	8

THE STAFF.

School Medical Officer :

A. Greenwood, M.D., B.Sc., D.P.H.

Chief Assistant School Medical Officer :

J. W. Fox, M.B., M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officers :

S. A. Tucker, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.
J. Selfe, M.R.C.S., L.R.C.P., D.P.H.
W. Lessey, M.D., L.R.C.P., L.R.C.S., L.R.F.P.S.
F. Wolverson, M.D., C.M., J.P.
Gladys Stableforth, M.D., B.S.
Nancy W. Holloway, M.R.C.S., L.R.C.P.
C. Campbell, L.R.C.S., L.R.C.P., L.R.F.P.S., L.D.S., D.P.H.
J. E. Cheesman, L.M.S.S.A., D.P.H.
Georgina B. Nicholl, M.B., Ch.B., D.P.H. (Commenced June 3rd, 1935.)

School Oculist :

J. W. Fox, M.B.

Orthopædic Surgeons (part-time) :

A. L. Moreton, M.S., M.B., B.S., F.R.C.S., L.R.C.P.
H. E. Batten, F.R.C.S., L.R.C.P.

School Dentists :

F. J. Saunders, L.D.S.
H. Cantor, L.D.S., R.C.S.
L. F. Hayes, L.D.S.
W. W. F. Dawe, L.D.S., R.C.S.
F. A. Markham, L.D.S., R.C.S.
Miss M. E. O. Cross, L.D.S., R.C.S.
D. W. Lamb, L.D.S., R.C.S.
W. W. Nicholls, L.D.S., R.C.S.
P. Gausden, L.D.S. (Commenced May 13th, 1935.)
Miss A. Smiley, L.D.S. (Commenced May 17th, 1935.)

There are thirty-nine whole-time nurses and ten dental attendants. There are also sixty part-time nurses undertaking school nursing. The total nursing staff for the purpose of the School Medical Service is estimated to be the equivalent of sixteen whole-time nurses. A nursing training is not required of the dental attendants.

Compared with the year 1934, the above list contains three additional names—an assistant medical officer and two more dentists. It was pointed out in 1934 that arrears of work were accumulating, and that the Committee had agreed in principle to the appointment of additional staff.

Co-ordination.

This was sufficiently explained in my report for 1934.

School Hygiene.

Buildings.—There has been no systematic survey of school premises for some years now, though attention is drawn to the grosser defects from time to time. During the year thirty-two defects were reported to the Committee. With the development of the Central School system, the evils resulting from overcrowding should diminish, but a large number of small improvements could still be done in the case of old and unsuitable buildings to approximate practice more closely with precept.

Medical Inspection.

There has been no change in the routine selection and examination of children at the schools. The work is still behindhand, and, at the close of the year, routine inspections had not been completed at seventy departments.

Towards the end of the year it was decided that, in future, the parents of all children due for re-examination by the medical inspector must be notified of the date of the inspection, and invited to be present. From enquiries made, I gather that parents are accepting the invitations, and consequently, the Medical Officers find that it is necessary to reduce the number of children to be examined at each session, as more time is required to interview parents.

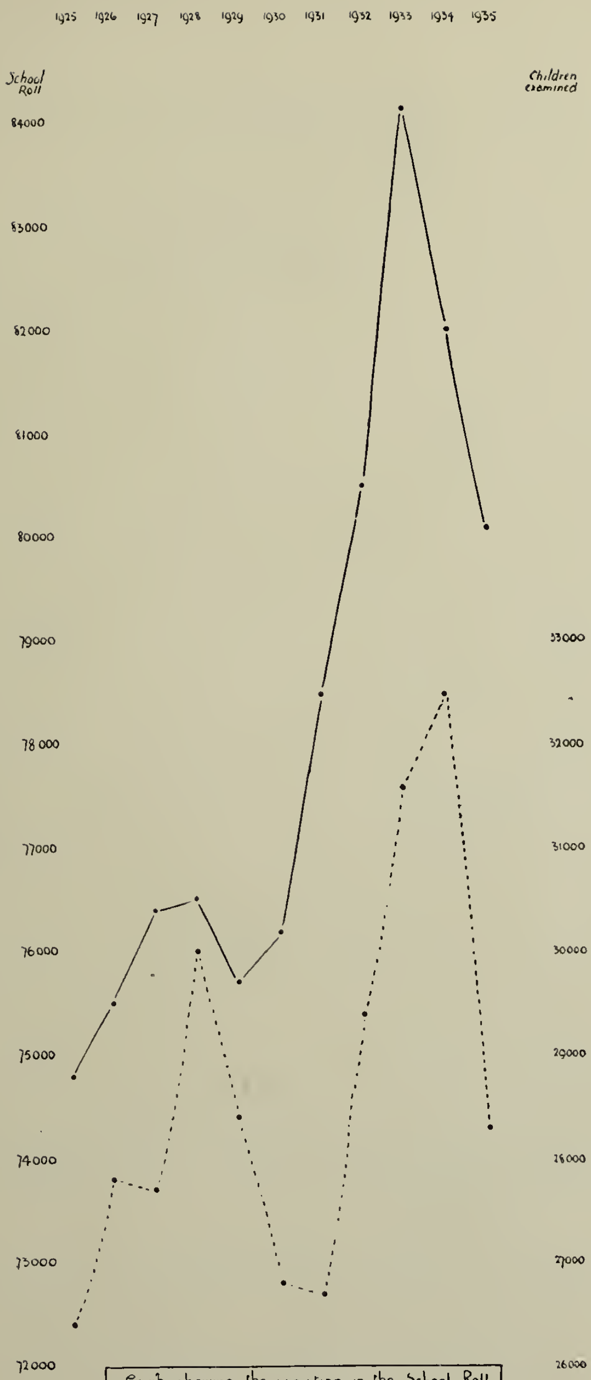
The figure on page 11 gives two graphs showing the variations in the school rolls for the last eleven years and the corresponding variation in the number of children examined (not including re-examinations).

Findings of Medical Inspection.

The defects and diseases discovered at the routine medical inspections are recorded in Tables 10 and 14 on pages 72 and 85.

Infectious Diseases.

It was necessary to close one school during 1935, on account of scarlet fever. The period of closure was two weeks.



Graph showing the variation in the School Roll (thus ———) and the numbers of children examined (Routine and Special) (thus - - - - - - -)

The following is a statement of the action taken under the regulations, showing the number of certificates issued in respect of attendances of less then 60 per cent. on account of infectious disease :

Disease Prevalent.	Period Covered by Certificate.						Total.
	One Week.	Two Weeks.	Three Weeks.	Four Weeks.	Five Weeks.	Six Weeks & over.	
Measles	3	4	7	3	3	—	20
Measles and Colds	2	—	—	—	—	—	2
Measles, Chicken-pox and Colds	—	1	—	—	—	—	1
Chicken-pox	3	3	1	—	—	—	7
Chicken-pox and Rubella ..	1	—	—	—	—	—	1
Chicken-pox and Mumps ..	—	—	—	1	—	—	1
Chicken-pox, Measles and Mumps	1	—	—	—	—	—	1
Chicken-pox and Influenza	1	—	—	—	—	—	1
Colds and Coughs	2	—	—	—	—	—	2
Influenza	10	3	—	—	—	—	13
Influenza and Colds.. ..	1	—	1	—	—	—	2
Influenza and Whooping Cough	—	—	1	—	—	—	1
Mumps	1	2	1	—	—	—	4
Mumps and Colds	—	—	—	—	1	—	1
Mumps, Chicken-pox and Rubella	1	—	—	—	—	—	1
Rubella	3	—	—	—	—	—	3
Scarlet Fever..	1	—	—	—	—	—	1
Whooping-cough	4	—	3	2	2	1	12
Whooping-cough and Measles	—	1	—	—	—	—	1
Whooping-cough and Mumps	—	—	—	—	1	—	1
Whooping-cough and Chicken pox	—	1	—	—	—	—	1
Whooping-cough, Colds and Coughs	1	—	—	—	—	—	1
Totals	35	15	14	6	7	1	78

The number of these certificates granted fell from 87 in 1934, to 78 in the year under review.

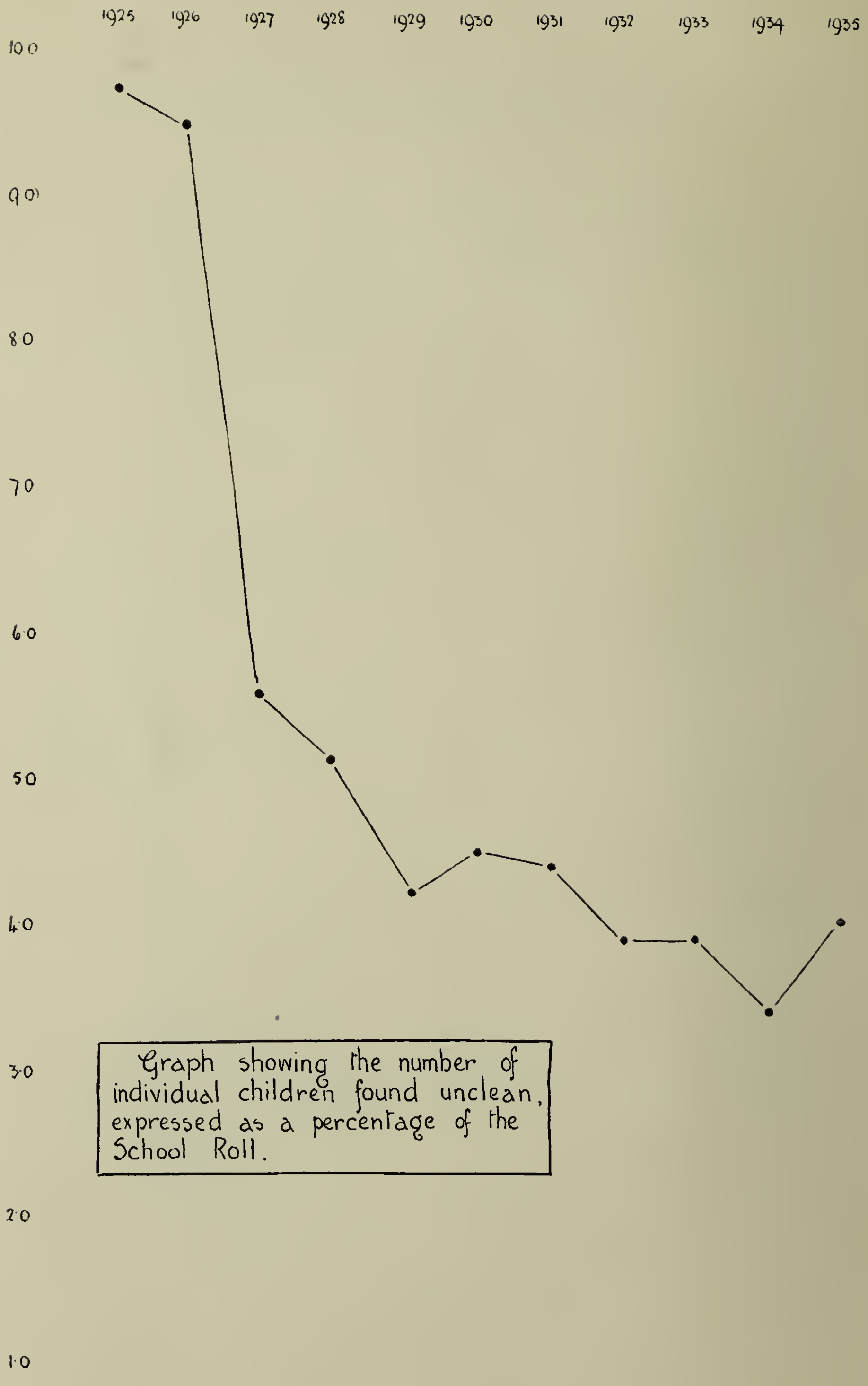
Measles and rubella were the diseases having the greatest influence on attendance, as was the case in 1934. Thirty of the certificates were required by these diseases, singly or in combination with other diseases.

Next in order were influenza, chicken-pox, mumps and " colds ".

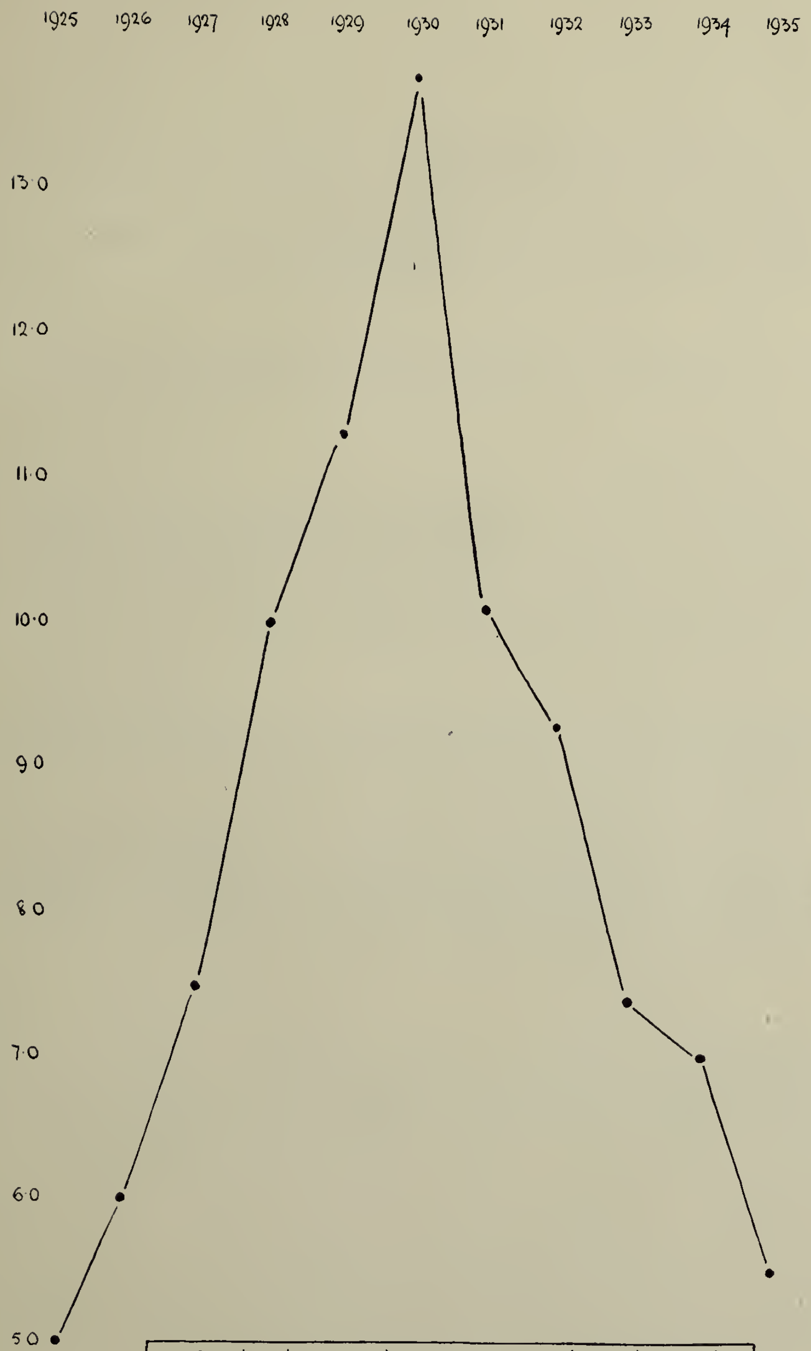
Table 1.—*Summary of work carried out by Nurses during the year* 1935.
(*See also Table* 12, *Group VI*.)

Year. (1)	School Roll of Area on 31st December. (2)	No. of Visits to Schools. (3)	No. of Examinations of Girls. (4)	% of Girls Verminous.* (5)	No. of Examinations of Boys. (6)	% of Boys Verminous.* (7)	No. of Re-examinations of Girls. (8)	% of Girls Verminous.* (9)	No. of Re-examinations of Boys. (10)	% of Boys Verminous.* (11)	% of Girls Excluded. (12)	% of Boys Excluded. (13)	% Exclusions to School Roll. (14)	No. of other visits to Schools. (15)	Attendances at Clinics. (16)	% Home visits to School Roll. (17)	% of other Exclusions to School Roll. (18)
1935	80,069	2,786	98,106	4·4	93,973	1·1	8,713	39·1	2,934	23·2	0·7	0·2	1·2	1,643	1,370	24·3	1·6
1934	82,090	2,810	100,317	3·8	70,602	1·0	13,461	21·6	7,574	6·2	0·5	0·2	0·9	1,397	1,338	25·9	1·6
1933	84,234	2,600	98,079	3·9	90,209	0·9	8,537	35·7	3,782	11·5	0·6	0·2	0·9	1,364	1,484	22·1	1·4
1932	80,547	2,977	97,226	4·0	93,860	1·3	11,182	32·2	4,091	13·0	0·4	0·1	0·7	1,587	1,565	28·5	1·4

* " Verminous " children include all degrees of uncleanliness, from " a few nits " to " many live vermin ".



Graph showing the number of individual children found unclean, expressed as a percentage of the School Roll.



Graph showing the cases of enlarged tonsils for treatment or observation, expressed as a percentage of the "Routine" cases examined.

FOLLOWING-UP.

The systematic "following-up" of children found defective is an essential part of the Committee's scheme. During the year under review, the school nurses paid 19427 visits to the homes of parents in connection with children found defective, and, in many cases, it was necessary for repeated visits to be made. In addition, the nurses are notified of all children whose parents fail to obtain spectacles prescribed by the School Oculists, and many visits were made in this connection.

The dental attendants visit the homes of all children whose parents fail to accept dental treatment, so far as time allows.

MEDICAL TREATMENT.

In March, 1935, a new building was opened at the County Hospital, King Edward Avenue, Dartford, for use as a school clinic, and for orthopædic and radio therapy. Dental, Ophthalmic or General work can proceed simultaneously. New clinics at Welling and Crayford still await erection, and the Committee have agreed to the provision of a clinic in the Urban District of Chislehurst and Sidcup.

(*a*) *Minor Ailments.*—The treatment of minor ailments such as impetigo, scabies, etc., is undertaken by the school nurses at the clinics established by the Committee, and in those districts where no clinic is available the children are visited at their homes.

(*b*) *Chronic Tonsillitis and Adenoids.*—The Sheerness Nose and Throat Clinic has been closed as a result of the local aural surgeon leaving the district. It is hoped to make satisfactory provision at the County Council Sheppey Hospital instead.

The following table gives the number of cases treated under the Committee's arrangements :—

Table 2.—*Number of Children treated during* 1935 *under arrangements made by the Committee.*

Hospital.	Tonsils and Adenoids. No. of Cases.
Ashford	9
Bexley Cottage	88
Bromley Cottage	2
Chislehurst, Orpington and Cray Valley	67
Crayford, Russell Stoneham	8
Dartford, County	66
Dartford, Livingstone	54
Deal, Victoria	12
Dover, Royal Victoria	6
Faversham Cottage	4
Folkestone, Royal Victoria	60
Gravesend General	—
Herne Bay Cottage	7
Kent and Canterbury	78
Kent County Ophthalmic	204
Kent and Sussex, Tunbridge Wells	29
Margate General	6
Rye Memorial	—
Sevenoaks and Holmsdale	—
Tonbridge Cottage	9
Whitstable and Tankerton Cottage	7
Total	716
Total for 1934	762
Total for 1933	727
Total for 1932	1,180

(*c*) *Tuberculosis*.—The supervision and treatment of tuberculous children is undertaken by the family medical attendant or by the county tuberculosis officers. The following table shows the attendances at the county dispensaries during the year.

Table 3.—Showing school children from the area of the Kent Education Committee who were seen at the County Tuberculosis Dispensaries during 1935.

Age.	Tuberculosis of Lungs. (Definite.) (1)		Tuberculosis of Lungs. (Suspected.) (2)		Treated as Pre-Tuberculous, etc., but not suspected of Tub. Lungs. (3)		Glands. (4)		Spine. (5)		Hip. (6)		Other Bones and Joints. (7)		Skin. (8)		Other Forms of Tuberculosis. (9)		Non-Tuberculous Diseases. (10)		No Disease. (11)		Total. (12)	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
5	2	1	2	1	7	4	6	6	—	1	—	1	1	—	—	—	2	1	7	7	21	18	48	40
6	—	3	3	4	4	9	3	4	1	1	2	—	3	2	—	—	2	1	4	3	19	21	41	48
7	4	—	1	5	10	7	4	5	2	1	1	1	2	1	1	1	—	2	13	7	29	22	67	52
8	3	2	1	3	7	8	9	7	2	1	2	—	3	—	—	—	3	2	2	3	22	22	54	48
9	4	2	4	2	10	17	12	4	—	1	1	2	2	—	—	1	5	4	6	8	14	25	58	66
10	3	3	3	2	11	9	9	2	1	1	3	1	1	1	—	—	4	4	9	5	27	18	71	46
11	2	2	2	3	6	8	7	6	—	—	—	2	—	2	—	—	8	1	1	5	13	25	39	54
12	6	4	—	2	10	7	5	6	1	1	1	—	—	1	—	1	2	—	3	8	18	18	46	48
13	4	5	—	1	6	7	5	6	—	2	—	1	—	—	—	—	1	1	2	6	20	28	38	57
14	2	3	—	2	4	9	3	5	1	—	1	—	1	2	1	—	4	—	1	2	11	15	29	38
Totals	30	25	16	25	75	85	63	51	8	9	11	8	13	9	2	3	31	16	48	54	194	212	491	497
Totals in 1934	37	37	30	33	83	104	72	66	9	9	14	10	10	13	2	3	31	14	74	66	229	219	593	574

(*d*) *Vision.*—Cases of defective vision are, for the most part, treated at the clinics established by the Committee at various centres throughout the County. The Committee have also made arrangements for the treatment of cases at the following hospitals :—

Dover, Royal Victoria.

Gravesend and North Kent.

Kent and Canterbury.

Kent and Sussex.

Kent County Ophthalmic.

Arrangements also exist whereby children can be referred to the clinics established by the following autonomous authorities :—

Borough of Bromley.

Urban District of Erith.

Borough of Folkestone.

Borough of Margate.

The Kent County Ophthalmic Hospital has installed appliances for the purpose of giving orthoptic treatment in cases of squint, and the Committee has subscribed a sum not exceeding £20 to assist. During the year six cases were recommended for treatment by the School Oculist. Apparently most of these cases are still on the waiting list, and in some of the rest, treatment is not yet finished. There is therefore no evidence to encourage the Committee to extend this arrangement.

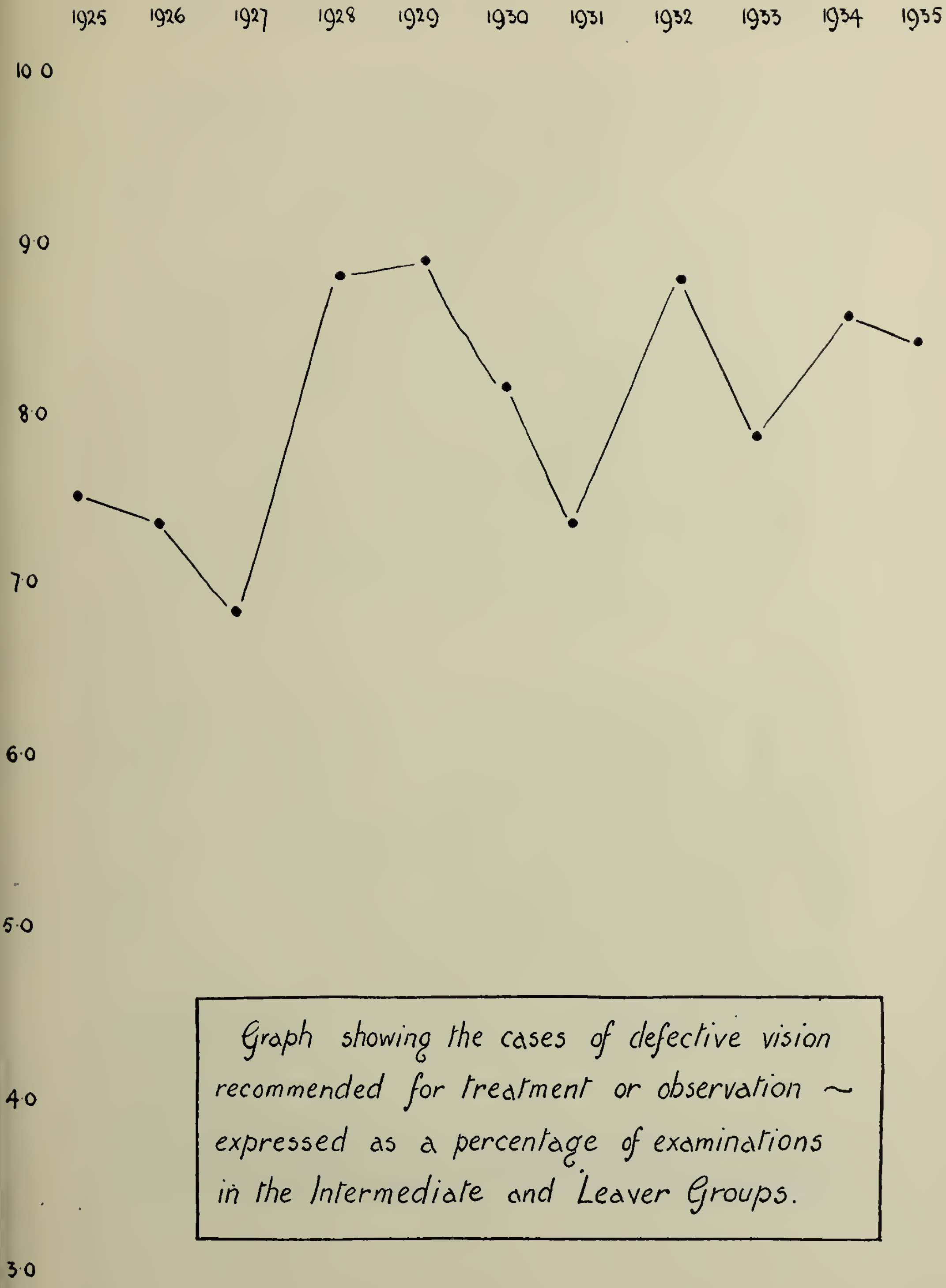
The table on page 20 shows the number of children who were seen at the clinics established by the Committee.

(*e*) *Crippling Defects.*—Children found to have defects which may be thus classified are referred to the clinics established under the County Orthopædic scheme. This scheme remains unchanged.

Table 4.—Showing cases of defective vision examined by the school oculist.

	Ashford.	Aylesham.	Broadstairs.	Dartford.	Hythe.	Maidstone.	Northfleet.	St. Mary Cray.	Sevenoaks.	Sheerness.	Sittingbourne.	Snodland.	Tonbridge.	Whitstable.	Total.
New cases	74	11	30	357	23	121	107	50	83	74	93	51	149	45	1,268
Re-examinations ..	158	22	43	499	9	128	106	94	132	137	163	72	206	76	1,845
Glasses prescribed	84	10	34	446	18	108	102	61	82	68	108	47	135	34	1,337
Glasses obtained* ..	100	19	12	455	17	124	130	59	94	79	121	56	112	21	1,399

* Includes spectacles prescribed in previous years, but obtained during 1934.



Graph showing the cases of defective vision recommended for treatment or observation ~ expressed as a percentage of examinations in the Intermediate and Leaver Groups.

It will be noted from Table 6 that postural deformities, flat feet and spinal curvature account for half of the total attendances.

Table 5.—*Orthopædic treatment of school children from the area of the Kent Education Committee*, 1935.

No. of Patients who attended the Out-Patient Clinics during the year	New Patients .. 429 Old Patients .. 371	800
No. of Attendances	Clinic	4,022
	Special	4,290
No. of Patients admitted for In-Patient Treatment ..		60
No. of Patients discharged from In-Patient Treatment ..		45
No. of Patients still under treatment (as In-Patients) on January 1st, 1936		22
No. of Patients X-Rayed		35
Surgical Appliances provided		182
No. of cases in which travelling expenses have been paid	New cases in 1935 55 Old cases 27	82

Table 6.—*Classification of the defects of new patients* (*school children*) *who attended the Out-Patients Clinics during* 1935 *from the area of the Kent Education Committee.*

Defect.	Male.	Female.
1. Congenital deformities :		
Clubfoot	2	3
Congenital dislocation of hip	3	1
Congenital malformations	14	17
Congenital paralyses	10	10
2. Deformities due to Rickets	28	29
3. Poliomyelitis and resulting deformities	2	7
4. Other acquired deformities :		
Flatfoot	41	57
Curvature of Spine (excluding Tuberculosis) ..	42	85
Deformities or limitation of movement, the result of fracture	11	13
Amputations for injury or disease	—	—
Disabilities arising from osteitis or periostitis ..	1	4
Arthritis	1	5
Deformities due to nerve injuries or disease ..	7	5
Other deformities	8	10
5. No information	—	1
6. No defect discovered	8	4
Totals	178	251

(*f*) *Dental Defects.*—There have been no alterations in the methods adopted for conserving the children's teeth. It has already been mentioned that two additional dentists and two dental attendants were appointed during the year. Each dentist has now a smaller area, and, it is hoped, will be able in most cases to extend the inspections to the higher age groups.

In all, the teeth of over 53,000 children were examined. Of these, 43,000 were referred for treatment, but only 16,000 actually completed treatment.

The average " acceptance " of treatment through the area is 33 per cent. The dental attendants visit the recalcitrant parents, and during 1935 6,545 such visits were made, resulting in an additional 2,785 acceptances; but it is the Head Teacher who has the greatest influence, and a determined Head with strong views can see to it that treatment is obtained.

The causes of dental caries are set out in columnar form in any book devoted to the subject, but in the case of any one of these causes evidence can be adduced to show that it should be deleted from the list. One view is that the fundamental cause is nutritional and that relief can be sought for only along the lines of reforming the diet of most parts of Europe and America. In my opinion, this view has the largest amount of evidence in its favour, and, further, there is some possibility of acting upon it. The alternative to successful action on these lines is a heavy burden of costs for repairs, till there is nothing to repair.

The following reports have been received from the dental surgeons :—

Mr. H. Cantor (*Area No.* 3).

During the year 1935, the Dental Clinic work in this area further progressed in a very satisfactory manner. The Dental Clinics for which I am responsible, viz. Broadstairs, Herne Bay, Sandwich and Whitstable, were very fully occupied, and attendances were consequently maintained at a high level. As a matter of fact, the average daily attendance for the year was slightly above eighteen children, the highest figure I have reached during my ten years in this area. Analysing the figures, 4,305 routine cases were inspected, and 2,356 (or 50 per cent.) were referred for treatment. Of 4,392 re-inspections, 1,717 (or 38 per cent.) were found to require treatment. 2,233 individual cases were treated, being 821 routines and 1,412 re-treats ; and these children made 3,071 attendances for the purpose of completing their treatment.

Dealing with conservative treatment, a grand total of 2,155 fillings were inserted ; of this number, 2,010 were permanent fillings, and 145 fillings in deciduous teeth. The proportion of fillings work out at 1,604 in the re-inspections and 551 in the routine group.

Turning to the extractions, these totalled 2,436 in the deciduous series and 140 in the permanent dentition.

There is one point worthy of comment in this report. Parents in general, and the mothers in particular, always appear to take a tremendous interest in the process of teething, and frequently mention to the Dental

Surgeon the trouble experienced with the particular child during this time. Once, however, the " baby " teeth have been erupted, parental interest in the teeth often seems to wane. Yet, as I point out to many of the mothers, the amount of pain and illness due to carious and septic teeth is many times greater and certainly more serious than anything produced by " teething ". Thus one does not frequently find a really perfect dentition amongst the entrants to school life.

Miss M. Cross (*Area No.* 8).

Permanent Clinics : Ashford and Marden. Snodland and West Malling (January to May).

Temporary Clinics : Yalding, Mereworth, Bredhurst, Caldecott Community.

During the year under review, there has been a definite reduction in the number of children on the roll of this area. This is due to :—

(1) Higher percentage of " leavers " than " entrants ".

(2) Transference of Snodland, West Malling and a large temporary clinic to other areas, following the re-organization of May, 1935. It has therefore been possible to devote more time to Ashford Clinic and twenty-five Urban and Rural schools have been inspected as against eight last year.

In July the rooms at the Hop-pickers' Hospital, Marden, being no longer available, it was found necessary to close this clinic for nearly three months whilst alternative accommodation was found. When re-opening in the autumn, it was felt that M.C.W. cases should have priority of treatment ; as a result, schools in this area have been rather neglected.

General anæsthetic cases have again risen from 214 in 1934 to 267 in 1935.

Mr. W. W. Dawe (*Area No.* 4).

Treatment has been carried out at permanent clinics situated at Walmer, Canterbury, Elvington and Hythe, and temporary clinics have been held at nine centres.

5,914 children, who had not attended a dental clinic, were inspected, and of these 4,814 or 81·3 per cent. were found to require treatment. Of the 3,432 re-inspections, 1,573 or 45·86 per cent. required further treatment.

At the various centres, 1,615 individual children made 2,009 attendances for treatment. 1,711 permanent teeth were filled.

It is becoming increasingly obvious that, among children coming from homes where poverty renders the diet of both mothers and children insufficient, or incorrect from a dental point of view, these children are more prone to dental caries and the havoc caused by this disease is much more extensive than among well-nourished patients. The maternal diet before the birth of the child, undoubtedly has a considerable effect on the development and calcification of the child's temporary teeth. The child's diet after birth is also the chief factor in the development of the permanent dentition and its immunity or otherwise to caries. Breast feeding is essential to this end, but frequently the mothers from distressed areas and wives of agricultural labourers are so undernourished that this form of feeding is impossible or inadequate. Calcium in conjunction with some vitamin concentrate such as halibut oil is of great assistance in these cases as a prophylactic, but the cost is prohibitive in the very cases which would benefit most from this addition to diet.

Mr. P. D. Gausden (*Area No.* 7).

Inspections have been carried out at 28 schools and as a result, of 2,191 children inspected, 1,280 were found to require treatment (59 per cent.), while of 1,783 re-inspections, 820 (46 per cent.) required treatment.

Including the number of children awaiting treatment as a result of inspections carried out prior to my taking over this area, 1,148 individuals have been treated, consisting of 682 routines and 466 re-inspections ; in all, 1,578 attendances.

990 fillings were carried out, 538 for permanent and 452 for deciduous teeth.

1,645 temporary extractions were necessary and 287 permanent. Of the latter a certain proportion were for regulation purposes.

Treatment has been carried out at the permanent Clinics at Sheerness, Sittingbourne and Faversham and at three temporary Centres.

Of dental defects, the most prevalent is interstitial caries affecting the first and second deciduous molars, which may be put down to neglecting to clean the teeth at night—the most important time—or to clean them at all ; further, the irregularity resulting from the presence of carious deciduous teeth and roots at the period of the eruption of the succeeding permanent teeth ; finally and in spite of constant instruction, far too many parents do not realize and are very difficult to convince, that the first permanent molar is not a milk tooth, and, if lost, will not be replaced.

Realizing the importance of the collaborative work in talks and general propaganda by the School Teachers, I would suggest that they emphasize :—

The essential cleaning of teeth at night.

The importance of the first permanent molar.

That " milk " or first teeth which are decayed, will not fall out as do sound ones, and if left, will only damage or displace the second teeth.

And, to parents, that the lamentable oral condition of quite young children is the result of parental neglect and not an inevitable occurrence.

I would add that, excluding the thoroughly recalcitrant, I find that when a " casual ", often a former refusal, attends owing to pain and time is available to give relief by treatment, if on such an occasion the necessity for preventive treatment is explained and a promise is exacted that the child will attend again to ensure that other (and usually more important) treatment is completed, the result in a majority of cases is very satisfactory. Incidentally, I find the children splendid propagandists amongst themselves.

Mr. L. F. Hayes (*Area No.* 5).

The one permanent clinic in the area, Northfleet, has again maintained a good average, except for the short periods bordering upon holidays.

Temporary clinics have been held at five centres. All were well attended as in past years.

The clinics at Cobham, Southfleet and Fawkham were instituted last year. This year temporary clinics have been opened at Stoke, Grain, High Halstow, Higham and Shorne. The two last were attended splendidly. A further clinic will be started at Stone in the new year. The Fawkham Clinic is now due. Difficulties have been experienced and much time spent outside the usual hours, in arranging transport for equipment and personnel to some of these clinics. The bus service in some cases, if existent, is so infrequent, that it has to be disregarded. To fully appreciate this, it is necessary to know the area.

The total number of children inspected was 6,760, a decrease on last year due to the re-allocation of areas. The standard of fitness over the whole area was 72·8 per cent.

Of the children who have never received treatment, due to non-acceptance, 75·1 per cent. require treatment.

Of those who have had treatment during their school life, 67·6 per cent. require treatment. It is most important that some idea of perspective should be kept in mind with regard to the number inspected during the year, and general standard of fitness. As the number of children to be inspected decreases, the inspections of necessity become more critical, and in consequence, the standard is raised.

With regard to the visiting and propaganda undertaken by the attendant, the greatest pressure is brought to bear upon the worst cases.

The average daily attendance was 16·6. The average daily attendance of individual children was 11·4.

The average daily completed treatment was 10·6. The two figures last mentioned show an increase on last year. The difference between the last two figures, shows chiefly the percentage of treatment discontinued through the parents refusing conservative work. In these cases the treatment cards are filed as " uncompleted treatments ", and will indicate on subsequent visits, that extractions only will be done. This is open to modification in certain cases.

The number of cases carried over to next year is 46.

There were 94 cases of extractions of permanent teeth for regulation work. As in past years, the cases which have shown promise of improvement by the use of regulation appliances, have been sent to the London Dental Hospitals on the understanding that the parent pays the costs.

Mr. D. W. Lamb (*Area No.* 10).

The first part of the year was spent in, what was then, area number seven, and the latter part in the new area, number ten.

In the former, clinics were held at the various permanent and temporary centres, as in previous years, there being 1,020 attendances during the four months. 493 " A " cases and 356 " B " cases were inspected : 59·2 per cent. and 40·1 per cent. being referred for treatment, respectively.

In my present area, permanent clinics have been held at Sevenoaks, Borough Green, West Malling, Snodland and a temporary clinic at Westerham. This area is made up of districts of which some have been kept well in hand in the past, whilst others have been merely touched owing to their being part of an impossibly large and widespread area. I have concentrated largely during the past eight months on bringing the latter up to date whilst endeavouring to keep the former up to previous standards, and I hope to be able, in my report for 1936, to state that the whole area has been brought more under control.

It has been necessary to spend a lot of time at Snodland, as " there is a great deal of work waiting to be done there ". (*Vide* report of Miss Cross, 1934).

In West Malling, I have found that an extra session has produced good results, as the clinic has, in the past, been held on Saturday mornings only, always a poor time for attendances. I now do the more important conservative work on Thursday mornings, and leave the Saturday session for extractions and " casual " work.

A small amount of orthodontic work has been done during the year, both by means of extractions and appliances. It will be readily understood that only the most simple type of appliance can be used owing, partly to lack of available time, and partly to shortage of money on the parents' part. I hope that, in future years, it will be possible to do more of this work in view of the importance of irregular teeth and undeveloped mouths as causative factors in periodontal disease later in life.

Mr. F. Markham (*Area No.* 6).

This year, twenty-seven sessions have been given to school inspections. The number of children inspected being very much the same as last year, viz. Inspections 2,677, Re-inspections 1,713, the percentages of those referred for treatment remain fairly constant.

410 sessions were devoted to treatment in the clinics at St. Mary Cray, Sidcup, Chislehurst, Biggin Hill and Swanley, where the attendances have been satisfactory.

In the Sidcup area there is an ever-increasing inflow of children to the schools from all parts of the country, and a noticeable feature at the inspections is the large percentage of these children who have received treatment in school clinics. The work seen is of a good standard, and speaks well for the Service as a whole.

Nearly all of these children when referred for further treatment avail themselves of the opportunity, showing the confidence both they and their parents have in the School Dental Service.

The total number of cases treated was 3,255, giving a daily average of approximately 16.

My attendant has spent all available time in following-up of cases where necessary, and has brought in many new cases of first refusals.

Mr. W. Nicholls (*Area No.* 9).

The Dental Services in this area continue to be progressive, and during the year an additional full-time Dental Officer has been appointed to the Dartford Clinic, whilst the areas have been revised. On May 27th, 1935, I accordingly relinquished control of the permanent clinic at Dartford, and I am now in charge of the permanent clinics at Bexley Heath and Welling.

With a satisfactory decrease in the number of children to be dentally treated, more regular inspections will be possible, and it is hoped that other age groups will gradually be included in the scheme. This, it is anticipated, will lead to an increased interest and demand for early treatment, with a consequent extension of the work and a general diminution of dental caries at the school age.

Dental Inspections have been carried out at most of the schools in this area, and there has been a slight increase of accepted treatment.

It is also satisfactory to add that the number of children treated at the Bexley Heath and Welling clinics remains constant.

An interesting and gratifying feature of this year's work is the increasing number of parents who are taking a real and intelligent interest in the dental welfare of their children and who are availing themselves of the advice and treatment provided for them at the clinics.

Mr. F. J. Saunders (*Area No.* 2).

Dental Inspections and treatment have been carried out in nine centres in my area during the year 1935.

Permanent Centres: Tonbridge, Southborough.

Temporary Centres: Edenbridge, Paddock Wood, Lamberhurst, Pembury, Langton, Hawkhurst, Chiddingstone Causeway.

The children in forty-six schools (including departments) have been inspected.

65 per cent. of the children referred for treatment accepted same.

83 children, including those who failed to complete treatment, were carried forward into 1936 for completion of treatment.

517 applications for treatment were received (without inspection).

154 visits were necessary in respect of children who failed to keep their appointments.

873 visits were made in respect of children whose parents failed to sign Form 57M.I. after inspection, and 163 Forms 57M.I. were signed as a result of these visits.

14 miscellaneous visits were made during the year.

1,041 is the total number of visits made during the year.

106 half days were devoted to visiting and propaganda work by my dental attendant, under my instructions.

Miss A. Smiley (*Area No.* 1).

Since June, 1935, the permanent centre at Dartford has become a full time dental clinic. This development is amply justified by the requests for dental treatment from the parents of the ever-increasing school population in this area.

On the whole, the " acceptances " are quite good, but those in the schools of the newly-developed area are particularly so. In one school where over 200 were referred for treatment at the dental inspection, there are 100 per cent. acceptances ; this of course is an exceptional case, but we hope the day is not far distant when there will be the same response from all schools.

At the clinic every effort is made to dispel the old idea that dentistry is a dreadful process only to be resorted to when pain makes it a lesser evil. No trouble is spared in making the children feel happy and comfortable in the clinic, as it is generally admitted that most of the pain experienced in the dental chair is psychological rather than physical.

One of the greatest problems in School Dentistry is that class of unsatisfactory patients termed " casuals ". " To treat, or not to treat, that is the question." At Dartford Clinic these patients are judged by their individual history, and discrimination is used in offering them treatment, as I think that ready facilities for casual treatment tend to reduce the acceptance rate of conservative treatment, also it is unfair to those parents and children who really appreciate the value of systematic inspection and treatment.

The Dental Service is not an isolated unit, but part of a great educational scheme—it needs co-operation not only with the doctors and nurses, but also with the school teachers, as they are the " guides, philosophers and friends " of the school children. Much can be done by them in encouraging dental treatment and I thank them for their co-operation.

OPEN-AIR EDUCATION.

There is nothing further to report.

PHYSICAL TRAINING.

There is nothing further to report.

PROVISION OF MEALS.

At the end of the last financial year there were 59 canteens in the county—13 at Central Schools, 1 at the Tonbridge Special School and 45 at other schools. The number of meals provided during the year was 975,562 as compared with 950,202 in the previous year, an increase of 25,360. The number of free meals provided was 14,123 as against 20,917 in 1933-4. With one exception, all canteens paid food and labour charges and during 1934-5 19 Elementary School canteens and 9 Central School canteens have met overhead charges, the cost of repairs and renewals to equipment, fuel, etc.

During the year the canteens at Keston Church of England, St. Stephen (Hackington) Council and West Wickham Council Schools were transferred to other authorities, and a new canteen was opened at the Sheerness Central School. The following table shows how the scheme has grown during recent years :—

Year ended.	*No. of Canteens.*	*Meals served.*	*No. of free meals.*
31.3.30	45	472,543	9,949
31.3.31	52	599,741	9,310
31.3.32	55	760,619	8,148
31.3.33	56	815,047	22,345
31.3.34	61	950,202	20,917
31.3.35	59	975,562	14,123

It will be seen that a number of meals are provided to necessitous children without charge. The cost of these meals continues to be met by Canteen Committees from their own funds or from charitable funds at their disposal.

New recipe books have been compiled during the year. These include improved recipes for Elementary School canteens, a new book of recipes for Central School canteens, and improved recipes for Central School canteens. The improved recipes are intended for use in canteens with substantial balances, which are thus able to improve the variety and attractiveness of the dishes.

MILK IN SCHOOLS.

The scheme for the supply of milk at a cheap rate continues in a large number of schools in the county. As was expected after the initial enthusiasm for the scheme had subsided, the number of children taking milk decreased. The following figures have been obtained from returns submitted by head teachers :—

Elementary Schools.	*November,* 1934.	*March,* 1935.	*October,* 1935.
No. of Departments	549	551	545
No. of Departments with Milk Clubs ..	471	471	463
No. of Departments without Milk Clubs	78	80	82
Average Roll	82,062	81,427	79,782
Average Attendance	74,302	71,999	73,457
No. of Pupils Receiving Milk	41,862	37,514	33,703
Institutions for Higher Education.			
No. of Milk Clubs	33	25	32
No. of Pupils Receiving Milk ..	4,616	3,460	4,191

In addition, in the Elementary Schools 1,571 children were receiving dried or malted milk preparations, and in the Higher Institutions 48 children.

Included in the figures of those receiving milk are children who are being given it free on medical grounds under the scheme for the care of delicate children. A report on this scheme is given elsewhere in this report.

During the past year practically every school under the administration of the Kent Education Committee using the School Milk Scheme has had its supply examined three times for cleanliness, i.e. the number of bacteria present. Each separate supply, when not pasteurized, has also been examined at least once for tubercle bacilli.

There are 530 schools now using the School Milk Scheme, and of these, roughly 38 per cent. are supplied with milk treated by a Pasteurizing process. Since the inauguration of the Grade A Accredited Milk Scheme, several of the suppliers have obtained a Grade A licence, and their milk is generally found to be satisfactory.

The general procedure has been as follows : from Monday to Friday of each week of the school term, about ten samples have been sent in daily from two or more Sanitary districts, by the School Enquiry Officer concerned, who has notified the Laboratory by telegram or telephone of the time at which the samples are due to arrive. The diluting and plating out of the milks are always begun at 3 p.m. After forty-eight hours incubation, the plates are counted and reports sent to the Kent Education Committee and to the Medical Officer of Health in whose district the school lies, together with a letter (should the result be unsatisfactory) asking for an investigation into the methods of the supplier.

For the first term, an ordinary counting test was performed on the milks, but it was realized that as the weather got warmer some multiplication of the bacteria would take place between the times of collection and examination. It was found to be impracticable to have the samples sent on ice, so special calculations were made to estimate and allow for this multiplication of bacteria.

Towards the end of the first term, a series of experimental tests were made, to find out to what extent the number of bacteria increased in milk kept at ordinary outdoor temperature from 9 a.m. to 3 p.m. Temperatures were recorded daily at 9 a.m., 12 noon and 3 p.m., and a sample of milk, kept out of doors in a wooden container, plated out at 9 a.m. and 3 p.m. The results were recorded in the form of a graph. When large numbers of tests had been made at varying average daily temperatures, a rough curve was formed from which a factor could be found for any average daily temperature, and by means of which the number of organisms present in a milk at 9 a.m. could be estimated.

When additional provision for biological examinations had been made, tests for tubercle bacilli were done on all *supplies* except those which were pasteurized or which came from districts where all the farms had been visited recently by the County Veterinary Officer. This procedure was followed for the first two terms, but in the last term, all except pasteurized supplies were tested. Forty tests were performed during the first term, of which two were positive, and the farms—at Sandwich and Whitstable—were immediately visited by the County Veterinary Officer, who was successful in eliminating the source of the tubercle bacilli. During the second term, 131 tests were performed and four gave positive results. The farms concerned in these were also visited and infectious animals destroyed. Similar action was taken in regard to eight farms found during the winter term to be the source of tuberculous milk.

There has been, throughout the year, a noticeable improvement in the condition of milk supplied to schools. The results were better during the first term than those obtained from samples examined during 1934, and this higher standard was maintained through the warm summer months when milk counts are naturally higher than during the winter. During the winter term there has been a striking number of days when every sample came well within the prescribed standard and actually during this term as many as 36 supplies showed less than 1,000 organisms per c.c. It is now a rarity to find what might be described as a very bad milk.

It will be noticed from Table 7 that the largest number of counts each term were between 10,000 and 50,000 and from Table 8 that the percentage of Ordinary milks passing the test was never very far below that of the " Pasteurized " milks. During the summer and winter terms there was a slightly higher number of failures amongst the " Pasteurized " milks, than the first term ; but on the other hand, a steady improvement may be observed in the ordinary milks.

It is hardly necessary to stress the real practical value of this work. In my opinion the improvement which is resulting from the efforts made to improve " school milks " will eventually have a marked influence on the quality of the milk supplied to the public generally.

NUTRITION.

When we speak of normal nutrition, we have in mind the state resulting from vigorous and harmonious functioning of all the physiological processes of the body. It is a clinical conception, based on the observation of numerous details such as posture, clearness of the skin, the eyes, and general alertness. At present its assessment is not susceptible of mathematical precision, and different observers cannot be expected always to arrive at the same conclusion. Fortunately for practical purposes, agreement in general will be found to be sufficiently close.

Subnormal nutrition may result from any cause or causes interfering with the physiological processes, whether gross disease, qualitative or

Table 7.

SPRING TERM.

Organisms per c.c.	"Pasteurized."	Ordinary.	All Milks.
Over 1,000,000	5	18	23
500,000-1,000,000	4	21	25
200,000-500,000	10	47	57
Total Milks failing to pass Test	**19**	**86**	**105**
50,000-200,000	42	101	143
10,000-50,000	86	96	182
1,000-10,000	28	23	51
Under 1,000	—	3	3
Total Milks passing Test ..	**156**	**223**	**379**
Total	175	309	484

SUMMER TERM.

Over 1,000,000	2	13	15
500,000-1,000,000	12	30	42
200,000-500,000	19	26	45
Total Milks failing to pass Test	**33**	**69**	**102**
50,000-200,000	24	76	100
10,000-50,000	52	83	135
1,000-10,000	61	69	130
Under 1,000	9	16	25
Total Milks passing Test ..	**146**	**244**	**390**
Total	179	313	492

WINTER TERM.

Over 1,000,000	8	20	28
500,000-1,000,000	5	18	23
200,000-500,000	8	25	33
Total Milks failing to pass Test	**21**	**63**	**84**
50,000-200,000	21	53	74
10,000-50,000	47	100	147
1,000-10,000	79	68	147
Under 1,000	11	24	35
Total Milks passing Test ..	**158**	**245**	**403**
Total	179	308	487

Table 8.

TOTAL SUPPLIES FOR THE YEAR.

Term.	" Pasteurized " Milks.		Not Pasteurized Milks.		All Milks.	
	Failed.	Passed.	Failed.	Passed.	Failed.	Passed.
Spring ..	19 (10·9%)	156 (89·1%)	86 (27·8%)	223 (72·2%)	105 (21·3%)	379 (78·7%)
Summer ..	33 (18·4%)	146 (81·6%)	69 (22%)	244 (78%)	102 (20·7%)	390 (79·3%)
Winter ..	21 (11·7%)	158 (88·3%)	63 (20·4%)	245 (79·6%)	84 (17·2%)	403 (82·8%)
Total ..	73 (13·7%)	460 (86·3%)	218 (23·4%)	712 (76·6%)	291 (20%)	1,172 (80%)

quantitative errors of diet, unhygienic surroundings or mental or physical stress. It is clear then that a particular case may require careful or perhaps prolonged investigation, before the proper remedy can be applied.

The subject of Nutrition from a dietary point of view has given rise during the last decade to an extensive literature, based on investigations also extensive—historical surveys, including that of the remote past, a survey of the present food habits of the peoples of the world, and a correlation of the facts with pathological conditions, also experiments with animal feeding. Perhaps this last is the most important in view of the possibility it affords of controlling the various factors in turn. The total evidence is so considerable and varied, and the findings are so uniform in their general direction, that they cannot be regarded as just another of the fashions which periodically beset medicine and other arts or sciences.

The main conclusion can be stated in a few words, viz., that the modern foodstuffs—white flour, muscle meats, tubers and sugars—whilst wholesome enough in themselves, are deficient in important respects, and must be supplemented by the addition of other foods to form the ingredients of a well-balanced diet. These other or "protective" foods may consist of dairy produce, especially milk, and leafy vegetables.

The introduction of milk to the schools has, therefore, ample justification from a health point of view, as well as from that of the dairy farmers, and the extension of its use is to be encouraged.

Circular 1437 of the Board of Education points out the desirability of reviewing the general effect of the provision of milk, as well as of recording the effect in particular cases. On this account, the school doctors were asked to select suitable schools in their areas and to make such investigations as they were able. Each was left to his own devices in the hope that something useful might come to light. The reports follow this introduction, and I am inclined to agree with most of the authors in thinking that the number of variable factors encountered is so great and the amount of milk so small, that little value can be expected from this line of approach, and that too much importance must not be attached to favourable or unfavourable opinions expressed without objective evidence.

Circular 1437 also stresses the importance of the proper selection of children (e.g. for free milk), by a system of medical examination, consisting of an *ad hoc* survey of all the scholars. I believe that the Committee agreed it would be in the interest of the children and of the ratepayers, to supply free milk to all necessitous children, whether of subnormal nutrition or not, rather than embark on such a course. The procedure now in urgent cases arising between routine visits is for the Medical Inspector to forward recommendations on the basis of letters from the Head Teacher or School Enquiry Officer, steps being taken to ensure that the child concerned is medically examined at the next routine visit.

There may be some difference of opinion on the selection of cases for free milk, but there can be none on the necessity for eventual medical diagnosis of all cases of continued subnormal nutrition. Such cases should so far as possible be referred to the general clinics for further investigation, if necessary with the help of home visitors.

Finally, I consider there is reason to hope that an attack on malnutrition, beginning with the expectant mother, may have wider effects on the well-being of mankind than almost any other single effort, and in addition the sometimes cogent criticism cannot be made against it that the individual will be benefiting only at the expense of the race.

Dr. S. A. Tucker.

It is almost impossible, unless one has ample time and a constant oversight of the children concerned, to obtain an accurate estimate of the effects of giving milk to elementary school children.

So many outside factors enter into one's calculations, many of them extraordinarily hard to eliminate, and which unless excluded tend to produce false results and deductions. Thus, it is important in making comparisons between those taking milk and those not doing so, to get as far as possible large numbers of similar children in both groups, i.e. those from homes with much the same conditions as to feeding, social position, etc., of the same age groups and if possible without obvious physical defects. It is difficult, too, to discover if the children investigated are in the habit of having milk at home and also if, since having it in school, less has been taken at home. These are only a few of the factors which make it so impossible to get a true idea of how much or little the addition of one-third (or two-thirds) of a pint of milk given daily in elementary schools benefits the child. The best plan to my mind, is to weigh and examine small groups of children as nearly as possible of similar age and from similar homes, at short intervals and record the results. This should preferably be done in the winter months. The outcome of such an investigation from an Infant and Junior Mixed Department will be given later in this report.

Actually, the scheme suggested by the Authorities was to re-examine a number of children at the end of six months, equal numbers of each type (those taking and those not taking milk) and compare the results, especially as regards nutrition.

Without elaborate notes and measurements, it is extremely difficult to call to mind exactly a child examined six months previously and the only rough and ready indication of a child's state of nutrition is the weight and that too taken in relation to its height, i.e. the nutritional quotient—Weight in lbs.—Height in inches. It is hardly probable, however, that the addition of one-third of a pint of milk daily to a child's diet for six months will raise its nutritional quotient from one much below normal to normal or much above. Elementary school children from five to fourteen gain on an average from 2 to 3 or 4 inches in height and from 3 to 10 lbs. in weight yearly. Probably too, the gains in both height and weight vary with the time of the year.

One's general idea of a well nourished healthy child is that he or she should have a good nutritional quotient, a good clear skin, firm muscles, a good colour, be alert mentally and physically and without the tired and puffy-looking eyes one associates with insufficient sleep.

No one will deny that a child (and this probably applies more particularly to those under ten), who has had little or no milk at home, and is given a daily ration at school must benefit unless of course he or she happens to be one of the few, unable to digest or assimilate milk. I am not convinced, however, that the extra one-third of a pint is of great value to the child from a good home where milk is obtainable. Actually milk does not figure as a big item on the household bills of most working-class families. One hears that cheap condensed varieties are the substitutes even in country districts where the genuine article is often harder for the farm labourer and his family to obtain than for the town dweller. A farm labourer earning somewhere about thirty to thirty-two shillings a week and paying four or five shillings rent, if he has a family of say four children under ten, cannot possibly afford four or five pints of milk daily; and most specialists agree that a child up to this age should have at least one pint daily. Four pints of milk daily would mean a weekly bill of eight shillings or so.

I would say then that the Milk Scheme might be extended and operated more selectively, that is more milk should be given to children under ten or eleven, and if this increase in quantity made it necessary, only selected and specially delicate children over twelve should have it.

A possible drawback to having more than the present ration daily is, that even now, a parent will sometimes complain that the child having milk in the morning refuses to eat his mid-day meal.

I have made some attempt to obtain figures, etc., showing gains in height and weight of children examined in the first six months of the year and re-examined for this purpose at the end of periods ranging from four to eight months.

These children have been divided into three groups :—

Those taking milk more or less regularly.

Those taking milk more or less irregularly.

Those not taking milk.

The first group comprised just over 37 per cent. of the total, the second 24 per cent. and the third just under 39 per cent. The children thus examined were almost entirely from the Leaver and Entrant groups.

The accuracy of the figures is rather complicated by the difference in clothing at different times of the year, also the weighing and measuring has been performed by many people and strictly correct figures cannot be guaranteed.

On the whole the figures appear credible. Two children had gained just over a stone in six months and one had lost 9 lbs. in four months for no particular reason, otherwise, there were no striking gains or losses.

Only 12 per cent. of all the children examined had lost weight. Just over 37 per cent. of these had milk, 33 per cent. had none and the remainder were irregular takers. 22 per cent. were wearing more clothes at the second weighing. Sixty-six had less and the remainder were similarly clothed.

In the Infant Group (which was small) the average gains in height and weight were: No milk, 1·53 inches, 2·16 lbs.; milk, 1·3 inches, 2·95 lbs. The interval was seven to eight months.

In the Leaver Group—interval five to seven months, and taking boys and girls together, those taking milk regularly had gained on an average 1·4 inches and 3 lbs., those not taking, 1·5 inches and 4·4 lbs.

I cannot pretend to explain these results except to suggest that the number examined was insufficient and that possibly the older children benefit less by taking milk than the younger. According to my records there was no marked difference in the social status of the two groups and this also applies to the initial state of nutrition.

An independent group of twenty-four junior children (twelve milk, twelve no milk) weighed fortnightly from October—January gave more favourable and probably truer results.

These children were carefully selected as to similarity in age and home conditions, and in this group those taking milk had gained on an average 1·5 lbs., whereas those not having it, gained 14 ozs. per child.

Four of those taking milk definitely lost weight during the holiday, whilst three of the other group also lost weight in this time. The gains from fortnight to fortnight in both groups are for the most part irregular.

Four of the first group and five of the second had periods of absence between October and December. The chief cause was mumps and this may have accounted for some falling off in the weight increase.

In any case this series does show definite benefit in those taking milk.

As a whole it is difficult to say if a six months' course of milk really causes much change in the nutrition of an average child, though in

Milk.	Date of Birth.	Heights. Oct. 11. ft. ins.	Heights. Jan. 9. ft. ins.	Oct. 11. st. lbs. ozs.	Oct. 25. st. lbs. ozs.	Nov. 8. st. lbs. ozs.	Nov. 22. st. lbs. ozs.	Dec. 6. st. lbs. ozs.	Dec. 20. st. lbs. ozs.	Jan. 9. st. lbs. ozs.
Yes R.W.	28. 8.25	4 $4\frac{1}{8}$	4 $4\frac{1}{4}$	4 9 3	4 9 3	4 8 12	4 9 12	4 10 1	Holiday	4 10 6
No J.S.	2. 9.25	4 2	4 $2\frac{1}{2}$	4 0 8	4 1 3	3 13 4	4 0 6	4 0 10	,,	4 1 10
Yes S.D.	13. 4.27	4 $1\frac{7}{8}$	4 $2\frac{5}{8}$	4 4 13	4 6 6	4 7 3	4 7 14	4 8 0	,,	4 10 0
No D.A.	16. 4.27	4 $3\frac{1}{2}$	4 $3\frac{7}{8}$	4 3 13	4 4 13	4 4 12	4 7 0	4 7 1	,,	4 6 14
Yes J.W.	18. 3.28	3 $10\frac{3}{8}$	3 $10\frac{7}{8}$	3 3 2	3 3 11	3 4 3	3 4 9	3 4 7	,,	3 4 6
No D.R.	26. 4.28	3 $8\frac{1}{8}$	3 $10\frac{3}{8}$	3 1 8	3 1 2	3 2 2	Absent	Absent	,,	3 2 8
Yes B.M.	27. 1.28	3 $11\frac{3}{8}$	4 0	3 7 13	3 8 2	3 8 10	3 9 4	3 9 6	,,	3 8 4
No G.P.	21. 1.28	3 $11\frac{1}{4}$	4 0	3 2 4	3 3 7	3 3 6	3 3 9	3 4 2	,,	3 5 10
Yes P.P.	11.11.29	3 $7\frac{1}{2}$	3 8	3 5 6	Absent	Absent	3 5 9	3 5 12	,,	3 5 12
No P.N.	14.12.29	3 $5\frac{3}{4}$	3 $6\frac{1}{4}$	2 11 5	2 11 8	Absent	Absent	Absent	,,	3 3 7
Yes T.W.	10. 9.30	3 $5\frac{7}{8}$	3 $6\frac{5}{8}$	2 10 12	2 10 2	2 10 3	2 10 14	2 11 0	,,	2 9 8
No T.S.	15. 9.30	3 $6\frac{1}{4}$	3 $7\frac{1}{8}$	2 13 9	3 0 0	2 13 3	2 13 7	3 0 8	,,	3 0 0

debilitated and undernourished children definite improvement is frequently noticed.

The Head Teachers appear on the whole to consider that the Scheme does good, but I have not heard any very emphatic expressions of opinion. There seems to be a mixed opinion as regards prevention of colds and infection. One Head Teacher was certain that absences from such causes were less frequent since the start of the Milk Scheme, whilst another was equally certain that colds, etc., had not decreased.

To sum up, it seems evident that the provision of milk for elementary school children is undoubtedly helpful if not absolutely necessary for health in some cases, but when one attempts to gauge its usefulness in concrete terms, the very greatest care has to be taken in obtaining comparable groups of milk takers and non-milk takers.

Of one thing I feel certain, that the results are far more evident in young children than in the Leaver Group. Possibly this has a good deal to do with bone formation and also that in a younger child the one-third of a pint of milk forms a greater relative proportion of the total food.

I think too, that more effect would be obtained if the quantity were doubled. (Six to seven ounces of milk daily means only 120 to 140 calories).

The results obtained from weighing children fortnightly placing similar children next to one another are recorded on page 40.

The above children were all weighed in vest and knickers. This kind of record multiplied a hundred or a thousandfold is the only one giving reliable results.

The quality of the milk supplied to the schools is generally good, but the frequent bacteriological testing is most necessary as has been proved in isolated instances.

Dr. F. Wolverson.

In approaching this enquiry, it is necessary to take into account most of the factors in Child nutrition.

It is not just a matter of selecting an equivalent number of milk takers, and non-milk takers, weighing them, at the beginning and end of a period, and working out percentages of gains in each class.

This is easy enough, but the answer comes out all wrong.

For that matter no responsible medical practitioner will question the food value of milk in the dietary of a child or deny its indispensability.

I have for forty years held that every child should have a daily pint of milk added to its ordinary food, and every malnourished child, a quart.

In my report for 1923 I said " milk is expensive and not always easy to procure. It appears that a cheap and efficient distribution of milk is the goal to aim at, if the general nutrition of children is to be improved. It contains all the necessary vitamins and yet it is no exaggeration to say that there are many ill-nourished, underweight children who rarely taste it. In all cases of malnutrition I recommend the mother to send the child to school with a 10 oz. bottle of milk which the child consumes at playtime. This is the more important, because breakfast is always the poorest meal of these children."

This opinion of twelve years ago is confirmed by experience, and I think that all children underweight should have a pint of milk extra every day of the year. Some of the most serious cases of malnutrition which have come to my notice in the Aylesham district have been those in which the child's dietary contains no milk whatever.

When one begins, however, to make comparisons of nutrition and growth of various children or groups of children there immediately enters questions of home control, over-fatigue, irregular feeding, hours of bed, condition of clothing, etc., etc.

Defective home conditions in the above respects can easily counteract any advantage given by milk at school and certainly a small quantity of milk at 10.30 a.m. five days a week cannot make up for insufficient or improper food at home.

The only way to make any comparison of value is to conduct an enquiry in an institution where groups of children having exactly the same food and home conditions are compared, the one group having extra milk and the other group nothing but the milk contained in the ordinary dietary. This has been done with very striking results.

However, to do the best I could under very imperfect circumstances, I selected two schools. Aylesham Junior Mixed and Infants and Elvington (Eythorne) Mixed and Infants. Each of these schools draws its children from a colliery village. The two villages are in the same coalfield, within four miles of each other.

The children of Aylesham school have had milk available for a considerable period before the institution of the present Government scheme.

The children of Elvington school have never had a milk scheme up to the present moment, but are supplied daily upon payment, with a cupful of cocoa made with water.

I preferred the comparison of children of two schools to that of children in the same school. The latter method is open to serious objection.

If one selects say 50 children taking the daily milk and 50 children from the same school not taking the daily milk, one can be quite certain that the milk takers will show a considerably greater percentage of growth, for the simple reason, that the children who cannot afford to have milk (and there are many) are the children whose home dietary will be inferior. Those children who need the milk most do not get it and those who need it least line up daily with their coppers.

Every child was weighed and measured, assessed according to weight for height together with individual observation of each child, viz., General appearance, colour, nervous condition, poise, demeanour, presence or absence of fatigue position, firmness or flabbiness of muscles.

Presence of any defects noted.

Children selected haphazard, but all cases of serious defect that might interfere with nutrition were rejected.

Five boys and five girls in each school in each of the following age groups: 1929, 1928, 1927, 1926, 1925; i.e. 50 in each school.

Reweighed in Six Months.

Age and sex.	*School.*	5 *children's Average weight in lbs.*	5 *children's Average gain in lbs.*	*Remarks.*
1929 Boys	Aylesham	38	1⅛	All children class B.
	Elvington	41	1½	All children class B.
1929 Girls	Aylesham	37¾	1⅞	1 child poor muscular development.
	Elvington	43½	2	All class B.
1928 Boys	Aylesham	51½	2¼	1 boy had acute rheumatism in interim.
	Elvington	46	3¼	4 class B, 1 class C.
1928 Girls	Aylesham	45	2½	All undersized.
	Elvington	42½	3	All undersized.
1927 Boys	Aylesham	55	2¾	1 boy stationary; fatigue, bad home conditions.
	Elvington	56	3¼	All class B.
1927 Girls	Aylesham	50½	3	All B group.
	Elvington	51	3¼	4 B, 1 girl exceptionally developed.

Age and sex.	*School.*	5 *children's Average weight in lbs.*	5 *children's Average gain in lbs.*	*Remarks.*
1926 Boys	Aylesham	60	3	1 boy C, father unemployed.
	Elvington	56½	2½	1 boy stationary, neglected appearance.
1926 Girls	Aylesham	62½	3	All B.
	Elvington	55½	2½	All B.
1925 Boys	Aylesham	68½	3½	1 weedy boy, late hours.
	Elvington	61½	3¼	1 boy neglected.
1925 Girls	Aylesham	61	3¼	All B children.
	Elvington	63	3½	All B children.

In the majority of these groups the children of the school not having the milk scheme show more rapid growth than the children of the milk-taking school, and at first sight the figures appear to be utterly valueless. It is certainly not worth while to work out the percentages of gains in each case. The figures are, however, of some value, in that they show without doubt that a milk scheme cannot be expected to right all the wrongs, and that having arranged for all children to get one-third of a pint of milk for a halfpenny we cannot fold our arms and think that all is well.

The fallacy in the above figures is here. Both villages are colliery villages in the same coalfield, but while Elvington miners are more or less picked men, the Aylesham population has been largely recruited from distressed areas, and the children have been subject for varying periods to lack of proper food owing to poverty. Even now in many cases the third of a pint of milk at school is all the Aylesham child gets, while the Elvington child gets more than that at home, and his cocoa in addition.

It will be noticed that in both schools defective home conditions have their inevitable effect. No spectacular result could in any case be expected. The child under the scheme gets one-third of a pint of milk per day for five days in the week and for forty weeks in the year so that in six months, if he attends regularly, he gets thirty-three pints, i.e. an average for 183 days of ·18 pint per day. To make any appreciable difference would require much more than that. The amount prescribed under the scheme is ample and sufficient for normal children who have a daily dietary at home, sufficient for their needs, but it is not nearly enough for ill-nourished and under-fed children. The headmistress of Hythe Infants' School tells me that she has a scheme as follows : Every child gets its one-third of a pint at 10.25 a.m. as per scheme. All under-nourished get a second portion at 2.40 p.m. and certain of the worse cases a third dose at 3.45 p.m. These additional allowances are provided free of charge from a small fund which she has instituted.

The administration of the milk in this manner seems to me to be excellent and I have noted the fact that children getting milk like this speedily show great improvement, do better work, and are not so weary at the end of the day. Where children are provided with free milk at home because of their subnormal nutrition I find invariably speedy and unmistakable improvement in health, vigour and appearance. With regard to the scheme in practice I find that in every school which has adopted the milk scheme there is a percentage of children who refuse to take advantage of it. The main reason is, of course, inability to find the daily halfpenny, but there exist also prejudice on the part of the parent (" it takes the appetite away "), dislike of milk on the part of the child and in some few cases social superiority of the parent, who asserts that the child gets quite enough at home and she does not want charity.

One small country school surrounded by dairy farms does not have milk *because it cannot be procured.*

In one secondary school the headmaster refuses to have milk because when he previously had a scheme the milk supplied was analysed and found to contain certain very gross impurities. He now distrusts all milk under supply schemes.

I do not think there is any necessity to heat the milk.

Dr. J. Selfe.

Nutrition is almost synonymous with the term " general health ". It is a vital subject, for faulty metabolism, like a damaged heart or diseased kidneys, may lead to death. The causes of poor nutrition are basically three, and these are quite the opposite of the three primary rules of hygiene which are good food, good air, and proper rest. The evidence of malnutrition is usually plain because in starvation the fatty tissues are the first to suffer. The poorly nourished child is usually below weight, thin, pale, and of thin pinched facial expression. A child should be considered to be definitely mal-nourished who shows some or all of the following stigmata :—

1. Below weight.
2. Presence of anæmia.
3. Pinched facial expression.
4. Dryness of hair.
5. Little or no subcutaneous fat.
6. Poor muscular tone.
7. The nervous exhaustion stance.

Approximately, 1 per cent. of children in this country are estimated to be definitely suffering from malnutrition and 4 per cent. to be of subnormal nutrition. In order to obtain some estimate of the general state of nutrition and to ascertain, if possible, the effects of milk meals on the general health of children an enquiry has been made by each full time medical inspector in Kent.

The results obtained in the North-Western area are set out in the following tables. Originally, the number of children examined was 936, divided into groups of milk takers and non-takers. A six months' interval was allowed to elapse before the children were again weighed and measured. Unfortunately, owing to a large number of cases of measles and varicella and children who were transferred to more distant schools the total number re-examined only amounted to 671. Of these 382 represented the milk takers and 289 the non-takers. A general estimate of the state of nutrition of each child was made in the first instance and classified as officially recommended. The results were as follows :—

Infants' Department, Upland Council School, Bexleyheath.

N =Normal. SN =Subnormal. E =Excellent.

Non-milk takers.

N = 28 = 90%
SN = 3 = 9·6% Ages 5 to 7.
E = Nil. —

Total 31

Milk takers.

N = 29 = 85%
SN = 3 = 8·8%
E = 2 = 5·8%

Total 34

There was therefore a slight excess of subnormal nutrition amongst the non-milk takers and there were no cases of excellent nutrition noted, whereas there were two such cases in the milk-taker group. The number of children examined was too small to afford definite evidence. Boys and girls were represented in equal proportion.

Junior Girls, Upland Council School, Bexleyheath.

Non-milk takers.

N = 113 = 63%
SN = 28 = 15·7% Ages 8 to 11.
E = 37 = 20·7%

Total 178

Milk takers.

N = 122 = 79%
SN = 10 = 6·5%
E = 21 = 13·7%

Total 153

The number of cases of subnormal nutrition is more than double in the non-taker group although there were more cases of excellent nutrition amongst them.

Central Girls' School, Bexleyheath.

Non-milk takers.

N = 32 = 59%
SN = 4 = 7·4%
E = 18 = 33·3%

Total 54

Milk takers.

N = 110 = 64%
SN = 11 = 6·5%
E = 49 = 28·8%

Total 170

Here there is a slight increase of subnormal nutrition amongst the non-takers, but a greater number of cases of excellent nutrition.

Junior Boys, Woolwich Road Council School.

Non-milk takers.

N = 18 = 69%
SN = 7 = 26·9%
E = 1 = 3·8%

Total 26

Milk takers.

N = 21 = 84%
SN = 3 = 12%
E = 1 = 4%

Total 25

The number of cases of subnormal nutrition is more than double in the non-taker group, but the number of cases of excellent nutrition is about equal in the two groups. The number of boys examined is small.

Summarizing the results obtained at all four schools into the two groups of Takers and Non-takers the following figures are presented :—

Takers of Milk.	*Non-takers of Milk.*
N = 78%	N = 70·2%
SN = 8·4%	SN = 14·9%
E = 13·0%	E = 14·4%

In addition to this classification the average gain in height and weight was estimated for all four groups and the results tabulated as follows :—

Infants' Department, Upland Council School, Bexleyheath.

Non-milk takers.

Average gain in height = 1·5 inches. Ages 5 to 7.
Average gain in weight = 4 lbs.

Milk takers.

Average gain in height = 1·3 inches.
Average gain in weight = 4·4 lbs.

The non-takers appear to have the advantage in height, but not in weight.

Junior Girls, Upland Council School, Bexleyheath.

Non-takers.

Average gain in height = 1·1 inches. Ages 8 to 11.
Average gain in weight = 2·8 lbs.

Milk takers.

Average gain in height = 0·92 inches.
Average gain in weight = 2·5 lbs.

In this case the non-takers appear to gain in both height and weight, but not to any great extent.

Central Girls' School, Bexleyheath.

Non-takers.

Average gain in height = 1·5 inches. Ages 11 to 14.
Average gain in weight = 5·5 lbs.

Milk takers

Average gain in height = 0·83 inches.
Average gain in weight = 5·2 lbs.

The non-takers appear to gain in both height and weight as compared with the takers.

Junior Boys, Woolwich Road, Bexleyheath.

Non-takers.

Average gain in height = 0·76 inches. Ages 8 to 9.
Average gain in weight = 2·8 lbs.

Milk takers.

Average gain in height = 0·72 inches.
Average gain in weight = 2·8 lbs.

Little difference in the two groups is shown.

Summarizing the results obtained at all four schools into the two groups of Takers and Non-takers of milk, the following figures are presented :—

Takers of Milk.

Average gain in height = 0·94 inches.
Average gain in weight = 3·7 lbs.

Non-takers of Milk.

Average gain in height = 1·2 inches.
Average gain in weight = 3·8 lbs.

In general the results shown are indefinite and do not on the whole make out a case for the milk takers. The heights and weights were taken as carefully as possible by the School Staffs and the calculations checked twice over. Of course a third of a pint of milk daily would probably not have a very great effect on a child's state of nutrition. If the figures do not demonstrate the advantage of milk meals they at least point to a satisfactory state of general nutrition, particularly as to gain of weight. Subnormal nutrition is difficult to estimate from normal as the dividing line is slight and is left to individual judgment. No cases of definite bad nutrition were noted in the 671 cases examined. Efforts were also made to ascertain if there was any difference in the two groups of milk takers and non-takers as regards attendance and prevalence of minor ailments, but the figures given were too inadequate to form any definite opinion. Some general enquiries were also made at fourteen schools in order to ascertain the opinion of the Head Teachers on the effects of the milk meal—data as follows :—

1. Approximate percentage of children receiving milk =47 to 75 per cent.

2. Approximate percentage of children who should receive milk, but fail to do so owing to poverty =5 per cent., 2 per cent., and 3 per cent. in three schools. In eleven other schools " none " was the reply given.

3. What, if any, is the effect on the children's health, both physical and mental ? Replies were received from nine schools such as (1) Average weight increasing. (2) Distinct benefit. (3) Difficult to estimate. (4) No appreciable difference. (5) Good on the whole. (6) " No breakfast " children benefit. (7) Many better without it. (8) Good on the whole. (9) Slight improvement physically and mentally.

4. Any detrimental effects noted ? A common reply was that the milk spoilt the child's appetite for the mid-day meal and caused increase of bilious attacks in some cases, and also increased number of visits to the lavatory, milk being a diuretic. Probably the child who fails to take a proper breakfast benefits the most from the milk meal.

Dr. G. Stableforth.

I have taken two lines for this investigation :—

A.1. Known debilitated children not having milk at school, who have had it given to them daily and who have attended the clinics for examination and periodical weighing.

B.1. Children in the schools who have had milk over periods from six months to two years compared with children who have never had milk at school or not for more than a year. I propose to discuss those in Class B, first, because of the greater numbers seen. Before definitely comparing them, I should like to point out that a number of the " non-milk " children were those whose parents considered that they did not require it, or those who had the milk stopped because they would not eat their dinners or those few children who disliked milk and with whom the milk taken undiluted and cold did not appear to agree. Some few of the children, although not having milk were having some form of nourishment such as fruit, chocolate, or cake given to them. Of the " milk " children there were many where the general standard of living and regularity of habits were of a higher grade than in many of the " non-milk " children. I have not been able to investigate these additional factors case for case.

Now I propose to discuss them under the following headings :—

General Development and Appearance.—I found a greater number of well-developed children in the milk class, a tendency to better colour, rather greater alertness, with, as a rule, better posture.

School Attendance.—I tried to omit any causes for absence, in both classes, other than those due to illness ; the results were fairly even, a slightly greater number of absentees for " colds " amongst the " non-milk " class.

There was one school where one class composed of practically all " non-milk " children were persuaded to have milk during the morning and I was informed that the attendance in that class had definitely improved.

Educational Attainment.—This was given to me for each child by the teachers, a = very good, b = average, c = below average, d = very poor.

There were more than double the number of " a " children in the " milk " class, " b " only slightly greater number in the " milk " class, " c " a greater number in the " non-milk " class, " d " a *definitely* greater number in the " non-milk " class. How many of the " c " and " d " children in the " non-milk " class were products of " c " and " d " parents I do not know, but I do know several " d " type of parents who will not bother to avail themselves of the opportunity given to them to purchase, through the schools, milk at a cheap rate for their children attending school.

General Resistance and Fatigue.—This I think helps to throw further light on the previous section.

(*a*) Good resistance ;—*undoubtedly* the greater number appeared in the " milk " class, the reports being, " does not tire easily ", " alert ".

(*b*) Fidgety, emotional, lacking in concentration ;—many more of this type in the " non-milk " class. The type of reports for several children was thus under the " non-milk " class : " well nourished, but fidgety ", " loses interest ", " cannot concentrate ". This would account for some of the difference of attainment found in the previous section. Where I could find any definite cause for tiredness in *either* class, such as " late bed " or any illness of recent date, such as diphtheria or scarlet fever, I noted it. I found the most noticeable differences came in the standard of work and the general resistance.

As stated above, many children in the " non-milk " class were well-nourished, but tired easily, half the " d " type of children had reports like that, some definitely showed signs of fatigue at the time of examination. Again in the type " c " non-milk class I found a similar state—half were marked nutrition " good " or " average " but " attendance erratic or poor ", " frequent colds ", " tires easily ".

I came to the conclusion that, generally, there appeared to be less fatigue and greater resistance among the " milk " children and better educational attainment.

A. Debilitated children having milk given to them and periodically examined and weighed at the Clinics,—these showed definite signs of improvement and a better attendance at school, also a steady increase in weight. Thus, again there is the impression of a better resistance developing through the added milk which is given.

Dr. W. Lessey.

In the area included for this enquiry very few children have free milk. Some have a definite dislike for milk, which makes them sick; but the majority of children have milk for various periods of time. Some have milk for a month or two, get tired of it, give it up for a time and resume after an interval. Some take milk for the winter months and discontinue in the summer. Others take milk for a time but discontinue it because their mothers find that milk taken in the middle of the morning diminishes their appetites for mid-day dinner. A comparatively small number had milk consistently for a sufficiently long period to be useful for the enquiry. It was even more difficult to find sufficient children as Controls who did not have milk for a period as long as six months.

Owing to the limited number, the enquiry had to be conducted at a much greater number of schools than was at first anticipated, and as a result of pressure of time it was found impossible to visit more than a portion of the schools in order to re-examine the children.

In the course of the re-examinations it was found that the number was further reduced for various reasons. Some had left the district, many were absent, some who were partaking of milk at the first visit, when the enquiry started, had discontinued it. Some had changed over to take a proprietary brand of dried milk.

On the other hand, some of those who had not been taking milk and who were used as controls had started to take milk in the interval; and as a result a number of these had to be discounted.

In order to estimate and record the nutrition of a child, the height, general appearance and condition of tone of muscles were taken into consideration, and the weight and height of the child were compared with an average for the age. For the purpose of standardizing the records, the weight, tone of muscles, and defects like anæmia, glands, debility, etc., were classified into four groups :—A—above normal, B—normal, C—below normal, D—much below normal. Those under the heading of D were children suffering from malnutrition. The average weights and heights taken for the "standard" were the following :—

Age.	*Boys.*				*Girls.*			
	Weight.		*Height.*		*Weight.*		*Height.*	
	st.	*lbs.*	*ft.*	*ins.*	*st.*	*lbs.*	*ft.*	*ins.*
8	3	12	3	11	3	10	3	10
9	4	4	4	1½	4	0	4	0
10	4	11	4	3	4	6	4	3
11	5	2	4	5	4	12	4	5
12	5	6	4	7	5	6	4	7
13	5	12	4	9	6	3	4	9½

Nearly 600 children, in ten departments, were the subject of the enquiry as first planned ; but owing to the causes referred to above, these numbers were considerably reduced after the preliminary steps had been taken. It will be understood that the following information has reference only to those children who were examined on both occasions (the primary examination, and the subsequent review).

The children were "spread" over six age-groups—from 8 to 13 inclusive.

School.	Boys taking Milk.			Boys not taking Milk.			Girls taking Milk.			Girls not taking Milk.		
	No. examined and re-examined.	Average increase in weight (lbs.).	Average increase in height (ins.).	No. examined and re-examined.	Average increase in weight (lbs.).	Average increase in height (ins.).	No. examined and re-examined.	Average increase in weight (lbs.).	Average increase in height (ins.).	No. examined and re-examined.	Average increase in weight (lbs.).	Average increase in height (ins.).
A.	22	4·23	0·73	24	4·46	0·88	40	5·83	1·30	39	4·11	1·34
B.	25	4·00	1·16	16	4·38	1·44	—	—	—	—	—	—
C.	9	4·45	1·34	10	3·70	1·20	9	5·12	1·78	9	4·12	1·34
Totl.	56	4·15	1·02	50	4·28	1·12	49	5·70	1·39	48	4·11	1·34

In considering the nutrition and tone, a child was placed in the A category when his condition corresponded to a child of more than a year older, in category B when he was average for his age (i.e. between that for the year below and the year above) in category C when he corresponded to a child more than one year younger but less than two years, and in category D when he corresponded to a child of two years younger or more. The tables below show the figures for nutrition and tone.

In examining the final figures, the "A" school Girls taking milk show a better average increase in weight than the controls. Both girls and boys in "C" school also show a better average increase for those taking milk. The difference in "A" school Boys is not appreciable and in "B" school the controls actually show a better average in weight. The figures for nutrition and tone do not appear to vary very much, but the totals appear to show a slight rise among the A and B category for the children who were taking milk.

School and Examination.	Nutrition.																Tone.															
	Boys taking Milk.				Boys not taking Milk.				Girls taking Milk.				Girls not taking Milk.				Boys taking Milk.				Boys not taking Milk.				Girls taking Milk.				Girls not taking Milk.			
	A.	B.	C.	D.	A.	B.	C.	D.	A.	B.	C.	D.	A.	B.	C.	D.	A.	B.	C.	D.	A.	B.	C.	D.	A.	B.	C.	D.	A.	B.	C.	D.
A. 1st exam.	4	11	7	—	5	12	7	—	10	21	8	1	7	21	11	—	3	12	7	—	4	13	7	—	8	22	9	1	8	22	9	—
A. 2nd exam.	5	10	5	2	4	13	6	1	11	20	8	1	6	22	11	—	5	10	5	2	4	13	6	1	10	21	8	1	7	22	10	—
B. 1st exam.	9	11	5	—	4	9	3	—	—	—	—	—	—	—	—	—	7	11	7	—	4	9	3	—	—	—	—	—	—	—	—	—
B. 2nd exam.	9	12	4	—	4	10	2	—	—	—	—	—	—	—	—	—	8	12	5	—	4	10	2	—	—	—	—	—	—	—	—	—
C. 1st exam.	2	5	2	—	2	5	3	—	1	6	2	—	1	5	3	—	1	6	2	—	2	5	3	—	1	7	1	—	1	5	3	—
C. 2nd exam.	1	6	2	—	2	6	2	—	1	7	1	—	2	5	2	—	1	6	2	—	2	5	3	—	1	7	1	—	2	5	2	—

	Nutrition—Totals.							
	Children taking Milk.				Children not taking Milk.			
	A.	B.	C.	D.	A.	B.	C.	D.
1st exam. ..	26	54	24	1	19	52	27	—
2nd exam. ..	27	55	20	3	18	56	23	1

	Tone—Totals.							
	Children taking Milk.				Children not taking Milk.			
	A.	B.	C.	D.	A.	B.	C.	D.
1st exam. ..	20	58	26	1	19	54	25	—
2nd exam. ..	25	56	21	3	19	55	23	1

SUMMARY OF BOYS, ACCORDING TO AGE, TAKING MILK.

Age.	Number re-examined.	Total increase in weight. lbs.	Average increase in weight. lbs.	Total increase in height. inches.	Average increase in height. inches.
8	9	$36\frac{1}{2}$	$4\frac{1}{18}$	$10\frac{5}{8}$	$1\frac{1}{5}$
9	12	46	$3\frac{5}{6}$	$10\frac{3}{4}$	$\frac{5}{6}$
10	10	$41\frac{3}{4}$	$4\frac{1}{6}$	12	$1\frac{1}{5}$
11	12	40	$3\frac{1}{3}$	$9\frac{7}{8}$	$\frac{5}{6}$
12	9	41	$4\frac{5}{9}$	$9\frac{5}{8}$	$1\frac{1}{16}$
13	2	14	7	$1\frac{1}{2}$	$\frac{3}{4}$

SUMMARY OF BOYS, ACCORDING TO AGE, NOT TAKING MILK. (CONTROLS).

Age.	Number re-examined.	Total increase in weight. lbs.	Average increase in weight. lbs.	Total increase in height. inches.	Average increase in height. inches.
8	6	30	5	10	$1\frac{2}{3}$
9	13	51	$3\frac{12}{13}$	12	$\frac{12}{13}$
10	11	$49\frac{1}{2}$	$4\frac{1}{2}$	$13\frac{5}{8}$	$1\frac{1}{4}$
11	11	$38\frac{1}{2}$	$3\frac{1}{2}$	$10\frac{3}{8}$	$\frac{10}{11}$
12	7	34	$4\frac{6}{7}$	$9\frac{1}{2}$	$1\frac{1}{3}$
13	2	$10\frac{1}{2}$	$5\frac{1}{4}$	$1\frac{1}{2}$	$\frac{3}{4}$

SUMMARY OF GIRLS, ACCORDING TO AGE, TAKING MILK.

Age.	Number re-examined.	Total increase in weight. lbs.	Average increase in weight. lbs.	Total increase in height. inches.	Average increase in height. inches.
9	16	81	$5\frac{1}{16}$	22	$1\frac{3}{8}$
10	17	107	$6\frac{5}{17}$	$19\frac{1}{8}$	$1\frac{1}{8}$
11	16	91	$5\frac{11}{16}$	$26\frac{3}{8}$	$1\frac{5}{8}$

Summary of Girls, According to Age, not Taking Milk.
(Controls).

Age.	Number re-examined.	Total increase in weight. lbs.	Average increase in weight. lbs.	Total increase in height. inches.	Average increase in height. inches.
9	23	81	$3\frac{1}{2}$	$29\frac{3}{4}$	$1\frac{3}{10}$
10	15	64	$4\frac{4}{5}$	$21\frac{3}{8}$	$1\frac{5}{12}$
11	10	52	$5\frac{1}{5}$	$12\frac{3}{4}$	$1\frac{1}{4}$

Dr. C. Campbell.

During the year an enquiry into the effect of milk on school children was undertaken. The enquiry extended over a period of six months. Half of the children had one-third of a pint of milk in school on each school day and the other half had no milk in school.

They were all weighed, measured, examined and classified at the beginning and end of the enquiry. The points noted in the examination were general appearance, facies, carriage and posture, the condition of the mucous membranes, the tone and functioning of the muscular system and the amount of subcutaneous fat.

They were classified A, B, C and D. " A " representing excellent nutrition, " B " normal, " C " slightly subnormal, and " D " bad nutrition.

There were no " D's " in this series which may be taken as representing a typical group of the school population in this area.

For various reasons the number available at the end of the enquiry had dwindled to half the original number, so that in only a hundred children are the records sufficiently accurate to justify their inclusion.

The following tables show the classification (1) At the beginning of the enquiry and (2) After six months :—

1.

	A.	B.	C.
Having milk	5	36	9
Not having milk	4	37	9

2.

	A.	B.	C.
Having milk	12	37	1
Not having milk	11	37	2

In the group having milk the greatest gain in weight in any one child was 13½ lbs. and the least 1 lb., and in the other group 12½ lbs. and 1 lb. respectively.

The average gain in weight in the group having milk was 5·075 lbs. and in height 1·155 inches and in the other group the corresponding figures were 4·905 lbs. and 1·04 inches.

The balance is slightly in favour of milk takers, and I might add, the balance of opinion of the teachers in the area is also slightly in favour of milk.

It should be borne in mind that feeding, although most important, is only one of numerous factors involved in the nutrition of children, and also that in this enquiry no account was taken of the milk consumption of the children at home.

No ill-effects attributable to milk were noted, and my own opinion, formed from an examination of some thousands of children during the year is that the milk in schools scheme is an excellent thing.

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ENQUIRY OFFICERS AND VOLUNTARY BODIES.

National Society for the Prevention of Cruelty to Children.

This Society has again rendered every assistance possible, and during the year the following cases were dealt with :—

Branch.	*No. of Children.*	*No. of Visits Made.*
Bromley	57	92
Canterbury	83	261
South-East Kent ..	34	107
Gravesend	37	113
Isle of Thanet	8	13
Maidstone	25	83
Rochester	12	78
West Kent	19	42
Woolwich (Kent area)	43	116

Report of the Work of the Kent Voluntary Association for Mental Welfare for the year 1935.

There have been 468 feeble-minded children and young people under supervision during the year, as compared with 470 in 1934. Of these 49 were new. 12 Ascertainments were sent by the Association for examination.

In addition, 14 uncertified children were reported for special investigation, either on account of backwardness or because of some difficulty in regard to conduct or home circumstances. In four others appointments were made for psychological treatment on behalf of the Education Committee where special visits were not requested.

The investigation of special cases is work of particular interest, bringing to light a variety of problems closely allied not only to mental deficiency, but also general social conditions. It is encouraging that the need for action is recognized by those who come in touch with the individuals concerned. In some instances treatment has been refused by parents. In others results are satisfactory and may be considered an incentive to further work on similar lines.

Of those examined at Psychological Clinics, two boys are on Training Ships and one was sent to an Approved School. Two girls were placed in the Voluntary Home at Northampton. The offer of a vacancy in the same Home was refused by the father of one girl who is under the supervision of the Probation Officer.

Psychological examination (and treatment in some cases) was arranged for 14 patients during the year. Appointments for re-examination were made for some children referred last year. Some form of After Care is advisable in the majority of the cases.

Although she is now over age, it is of interest to note that the girl mentioned in last year's report as being placed in the Hostel, in connexion with the Institute of Medical Psychology, has been in the same situation for eighteen months and is improving. This girl was considered to be unemployable. The parents saved the sum of £2 2s. and recently sent it as a donation to the Institute.

Summary of Cases (*Certified*).

Number under supervision during the year—468.

Remaining on list last year	406
New cases received	49
Ascertainments referred for examination ..	12
Traced after being lost sight of	1
	468

Removed from List.

88 names have been removed for the following reasons :—

Residential Special School	6	
Open Air School	2	
Epileptic Colony	1	
Residential School for Deaf	1	
Schedule A	3	
Not mentally defective on examination	2	
Left area	16	
Not traced	4	
Dead (1 accident, 2 epilepsy, 1 pneumonia)	4	
In care of Public Assistance Committee (1 pending vacancy in Residential School in January, 1 in Cottage Homes)	2	
	—	41
Transferred to County Mental Deficiency Committee :—		
Reported to Mental Deficiency Committee (of which 10 are under Statutory Supervision)	12	
Kent Guardianship Scheme (Tonbridge Boarding-Out Committee case)	1	
Farm Colony (Court Case)	1	
	—	14
Reached age of 19 years	33	
	—	33
		88

Leaving 380 children under supervision (exclusive of those uncertified.)

In all six cases sent to Residential Special Schools this year there were special difficulties because of home circumstances. One of these, a child with poor vision, was placed in Court Grange Special School, Abbotskerswell. Another boy (mentioned in last year's report) was transferred to a school where he is now allowed to go home for holidays. This is greatly appreciated by the relatives. The same applies to the parents of children who were sent to Open Air Schools. The little boy who is now in a Residential School for retarded children who have defects of hearing was placed in accordance with the recommendations made at the West End Hospital for Nervous Diseases where he was admitted as an in-patient this year.

School Children.

In the work of supervision of children of school age, it is found in the majority of cases that Special Classes are much appreciated. A timid child is not always altogether happy even in a C Group in a Central School. It is encouraging that parents frequently ask advice in matters of education.

After Care.

Of the 33 young persons who have reached the age of nineteen years, 27 are under Friendly Supervision and reports are rendered twice yearly to the Mental Deficiency Committee. Six remain under the voluntary supervision of the Association.

Twenty-nine young people of sixteen years were placed under Friendly Supervision during 1935.

In the supervision of feeble-minded adolescents, it would appear that the matter of employment is frequently as much affected by local conditions as by their poor mentality. In very few instances could it be suggested that supervision is unnecessary. In some cases where instability, or difficult conduct, has given cause for anxiety, the parents have appealed to the Association's visitor who has known the child in school.

There is still a need for more suitable facilities for domestic training in high grade and borderline cases. In a borderline case for whom training was arranged this year, the Association was informed after ten months that results did not justify a further period of training. Similar difficult problems are presented when trying to make the work of supervision really constructive. In the selection of suitable situations, the Association is indebted in several cases to the Officers in the Juvenile Welfare Bureaux. Another girl has been recently placed in a Church Army Home for training.

Visits.

585 visits have been paid to children living in the Committee's area, exclusive of those under friendly supervision, by the staff of the Association, in addition to those of the local visitors.

Reports.

Reports have been rendered in all cases, special reports being sent in letter form where necessary. Owing to the number of families who have moved during the year, it has been more difficult to keep in touch and further enquiries have been necessary before detailed reports could be forwarded.

Reports are rendered in connexion with Residential School holidays and After Care Reports to the Residential Schools where needed.

The Association is greatly indebted to many teachers for their interest and co-operation in all concerning the welfare of retarded children, also to Vocational Guidance Officers and School Enquiry Officers for their ready assistance.

The Association is responsible for the work of the Boarding-Out and After-Care Committees in connexion with the Tonbridge Day Special School and separate reports are rendered herewith.

TONBRIDGE BOARDING-OUT COMMITTEE.

There have been eight children attending the school who are under the care of the Boarding-Out Committee. Two were new cases (one girl, one boy).

One girl left the school in August on reaching the age of sixteen years and is now under the Kent Guardianship Scheme. This arrangement was necessary as the child had no home.

Of the new children, the girl was placed at short notice as she was returned to her home by the Waifs and Strays Society on being certified as feeble-minded. This child has settled down happily and has improved physically, besides appearing much brighter mentally and less restrained.

Considerable difficulty was experienced in finding a suitable home for the boy and it was, therefore, impossible to place him until after the summer holiday. He has a tendency to be unstable and needs skilful handling. His present foster-parents are unable to receive him after the Christmas holidays and it has been recommended that efforts be made to secure a vacancy in a Residential Special School. It has been found that it is more difficult to find foster-parents for boys than it is for girls.

The other five children (three boys and two girls) are in the same homes as they were last year. They seem happy and comfortable and show satisfactory progress.

With the exception of the boy mentioned previously, who cannot be said to have settled down, the children appear to be happy in school and to enjoy a family life.

A local visitor is in touch with the children and reports are sent by the Association to the parents who, without exception, are appreciative of what is done for the children.

TONBRIDGE SPECIAL SCHOOL. AFTER-CARE REPORT.

SUMMARY OF CASES.

There have been 41 under review this year, 25 boys and 16 girls. A small number of young people show signs of becoming self-supporting, in others special conditions of employment are necessary. Cases of special difficulty are sometimes placed in the Special School for a trial period under observation. It frequently becomes necessary to make some other provision for these children, either because of home circumstances, conduct difficulties (which, sometimes, can only be adequately dealt with by means of residential treatment), or of physical defects such as vision or hearing.

Of the three girls who are at home unemployed, one left school in August, 1934. The other girls have been working, but there are temperamental difficulties.

There are indications that further facilities for manual work might be an advantage to some of the older boys, especially those of the more active type.

	Boys.	*Girls.*
Domestic work	1	3
Factory work	2	
Printing trade	1	
Brickfields	1	
Farm work	1	
Errand boy	1	
Building trade (helping father)	1	
At home (helping on small holding)	1	
*At home, unemployed		3
Elementary School		2
Private School		1
Open-Air School		1
Residential Special School	3	1
Residential School, Deaf and Dumb	1	
Kent Guardianship Scheme	2	1
Brighton Guardianship Society	1	
Farm Colony	1	
At home under Statutory Supervision		3
At home, under Statutory Supervision, attending Occupation Centre	4	
Certified Institution	4	
c/o Public Assistance Committee		1
	25	16

Certificate of Mental Deficiency Withdrawn.

B.L. (Final)—23.3.16. Tonbridge. Mother reports the girl is still working. Home circumstances are not very satisfactory. Occasional enquiries will be continued.

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* 1 left School not yet found work. 1 Schedule A. 1 ex-Residential Special School.

L.E. (Final)—6.8.18. Tonbridge. Working in brickfields. Earns about 20s. Home circumstances rather better. Sleeping accommodation inadequate now (large) family is growing up. Expect to move into larger house.

L.E. (Final)—12.10.19. Tonbridge. Has been employed as a sweep but is now working on a farm. Earns 15s.

S.J. (Final)—8.10.17. Tonbridge. Living at home, frequently unemployed. Continually giving trouble. Mother cannot be relied upon. Under supervision of Moral Welfare Worker.

S.D. (Final)—11.8.22. Tonbridge. Attends Elementary School. Said to make progress. Home circumstances not very satisfactory. Occasional enquiries should be continued.

K.F. (1935)—16.8.20. Tonbridge. Left school in autumn. Living at home. Now employed as errand boy.

W.J. (1935)—23.4.21. Tonbridge. Left school at Easter. Worked at a dairy but was given notice. Now employed at Crystalate Factory.

Left to Attend Elementary School.

F.H. (Final). Tonbridge. Attending elementary school. Has improved. Father, who was an invalid, died this year. Family conditions appear better as elder sister (under Statutory Supervision) is now working.

To Open-Air School.

C.J. (1935)—19.4.21. Tonbridge. Said to be improving. Mother very appreciative.

Transferred to Mental Deficiency Committee.

G.A. (1934) 2.7.24. Was sent to Eastry Institution. Believed to be still there.

B.H. (1935)—19.4.20. Tonbridge. Left school in August. Said to be helping his father who is employed in building trade.

H.P. (1935)—13.7.19. Tonbridge. Living at home. Employed as houseboy. Appears to give satisfaction.

E.R. (1935)—24.1.19. Tunbridge Wells. At home. Under Statutory Supervision. Attending Occupation Centre.

Certified Imbecile and Notified to Mental Deficiency Committee.

B.M.—2.6.24. Tonbridge. Living at home. Said to improve. Under Statutory Supervision.

F.P.—18.8.16. High Brooms. Living at home. Helps father on small-holding. Conduct good. Under Statutory Supervision.

G.A.—1.1.22. Tunbridge Wells. Living at home. Attending Occupation Centre. Under Statutory Supervision.

G.V.—26.12.23. Tunbridge Wells. Living at home. Does not attend Occupation Centre. Under Statutory Supervision.

M.E.—30.11.25. Tunbridge Wells. Living at home. Attends Occupation Centre. Under Statutory Supervision.

S.T.—4.2.20. Pembury. Admitted to Besford Court Institution 1933. Now in Senior Department and learning bricklaying.

B.P. (1935)—4.10.20.—Tunbridge Wells. At home. Attending Occupation Centre. Under Statutory Supervision.

R.N.B. (1935)—1.9.23. Hadlow. At home. Under Statutory Supervision.

Excluded.

H.G.—9.9.20. Tunbridge Wells. In Institution.

Left Special School as Unsuitable.

B.J.—27.3.24. Tunbridge Wells. Living at home. Attending Convent School. Progress reported. Under supervision for Tunbridge Wells Education Committee.

Residential Special Schools.

P.F.—27.9.23. Admitted to Besford Court, March, 1933.

R.V. (or *L.*)—17.6.22. Still at Kingsmead Residential Special School. (It was considered undesirable that she should come home for a holiday).

H.J. (1935)—14.6.22. High Brooms. Admitted to Kingsmead Residential Special School.

Left Day Special School at Sixteen Years.

L.K.—20.2.17. Tonbridge. Still employed at Crystalate Factory. Satisfactory reports received.

C.M. (1935)—19.7.19. High Brooms. Left school in August. Living at home. Unemployed.

M.A. (1935)—1919. Adopted by foster-parents. Good home. Working at Whitefriars Press.

Boarding-Out Committee Cases.

B.A. (Final)— –.6.16. Under Kent Guardianship Scheme. Happy, contented, has improved. Helps his guardian at home and goes shopping for her into Dartford.

B.R. (Final)—9.2.18. Cranbrook. Has had employment, farmhouse for some months and latterly work at the Public Assistance Institution (Hospital). Is now unemployed.

B.S. (Final)—23.6.19. Is still at Besford Court Residential School.

C.H. (Final)—21.4.20. Is still at Royal School for Deaf and Dumb, Margate.

G.A. (Final)—4.3.20. Admitted to Eastry Institution 1933. Believed to be still there.

J.A.—9.10.20. Under Kent Guardianship Scheme, Dartford. Attends Bexleyheath Occupation Centre. Bright boy occasionally well behaved, but conduct frequently unsatisfactory, untruthful, petty thieving. Has a very capable guardian.

G.V.—13.4.21. Now in Public Assistance Cottage Home, Manston, Ramsgate. Attending elementary school under Ramsgate Education Committee. Recent reports indicate that enuresis is not yet cured.

S.R.—21.3.18. Still on farm under care of Brighton Guardianship Society.

W.H.—24.11.18. Mottingham. Daily situation at Blackheath. Travels by bus. Earns 16s. a week. Under Statutory Supervision.

W.V.—24.11.18. Mottingham. Daily situation at Sidcup to which she cycles, earns 7s. 6d. a week. Under Statutory Supervision.

W.J. (1933)—6.7.17. Still in Princess Christian Farm Colony. Makes some progress. Variable temperament. Interested in building.

G.E. (1935)—1.10.19. Under Kent Guardianship Scheme. Attends Maidstone Occupation Centre four afternoons a week. Has settled down happily.

The Head Teacher reports :—

" The numbers on roll at present time are 24 boys and 10 girls, total 34. We have admitted 9 children during the year and 12 have left. 4 were sixteen years of age, 3 left for work, 2 were transferred to Institutions and 3 were too low grade for Special School. During the year the school has been re-organized. We now have 2 classes working on parallel lines, one with children under thirteen years and the other thirteen years and over. The third class consists of children who are too backward to be absorbed in either of these classes at present. This arrangement makes it possible for the brighter children who were in the low-grade room to have a greater opportunity of advancement in all subjects and helps to eliminate the feeling of inferiority. Although we have been working on these lines for only a term, I can already see it is of great advantage all round. We continue to be worried by the parents of the fourteen year old children for their exemption for work. The health of the children has been satisfactory. The average percentage of attendance for the year is 92."

REPORT ON WORK UNDERTAKEN BY THE KENT COUNCIL OF SOCIAL SERVICE

for the

CARE AND SUPERVISION OF DELICATE SCHOOL CHILDREN.

423 children have been referred for the first time during the year to December 31st, 1935, as compared with 251 for the corresponding period last year.

The following help was asked for :—

Supervision	98
Milk	302
Cod liver oil and malt	9
Cod liver oil	3
Milk and cod liver oil and malt	2
Milk and cod liver oil	1
Glucose	1
Parents' consent for Open-Air School ..	6
Parents' consent for removal of tonsils ..	1
	423

In four cases parents refused to give consent to Open-Air School treatment ; otherwise the help requested has been given. 55 of the children have been supplied with milk for two or more periods during the year.

In addition, visits have been paid to 404 homes of children previously referred, and the Education Committee has requested renewed help for 191 old cases.

In all, 827 homes have been visited during the year, most of them on more than one occasion, and of the 614 children assisted, 496 have been supplied with milk or other nourishment. 1,131 reports have been submitted to the Kent Education Committee during the year.

The total number of new cases referred each year since 1930 is as follows :—

	New cases referred during the year.
1930	47
1931	212
1932	163
1933	255
1934	251
1935	423
	1,351

The considerable expansion of the service during the past year is shown by the following figures :—

	Calendar Year 1934.	*Calendar Year* 1935.
New Cases	251	423
Homes visited	570	827
Children provided with milk or other nourishment	223	496
Reports sent to Kent Education Committee	440	1,131
Cost of milk and ancillary nourishment (to September 30th in each year) ..	£75 2s. 11d.	£140 2s. 3d.

It is noteworthy that whereas in 1932 only 28 per cent. of the children were referred for milk or ancillary nourishment, the remainder being for supervision only, in the present year 75 per cent. of the considerably increased number of children have been supplied with milk or other nourishment.

Clothing has again been provided for necessitous families to enable children to go to Open-Air Schools and Convalescent Homes comfortably equipped.

The interest taken by Supervising Visitors in school leavers is gratifying ; in many cases this kindly interest—often continued over long periods—results in suitable employment being found.

The new method of reporting quarterly on routine cases, with interim reports where necessary, has worked well.

The arrangement for continuing the supply of milk on the report of the Supervising Visitors is specially welcomed ; the fact that gaps between periods of milk supply are thus avoided is proving of benefit to the children.

A Joint Appeal with the Invalid Children's Aid Association has been made to selected schools in Kent with the object of providing funds from which children coming under the scheme can be helped in special circumstances. The first results have been disappointing, but it is hoped gradually to build up a fund.

A Committee has been set up for the Northfleet, Greenhithe and Swanscombe area, where, as in the Dartford district, the number of children referred under the Scheme is rapidly increasing.

The Alford Aid Society continues to act in the Canterbury and Ashford area as the Council's agent, and this help is gratefully acknowledged.

The willing co-operation of head teachers continues to be a gratifying and indispensable feature of the work.

The Supervising Visitors, who now number 174, are working with ever-increasing enthusiasm and efficiency. Sincere thanks are expressed for their loyal service.

West End Hospital for Nervous Diseases.

Two cases attended for examination.

Tavistock Square Psychological Clinic, London.

One case attended for examination.

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

There have been no further developments in the provisions made for the education of these cases in residential institutions.

A classified return of all cases in the Committee's area is given in Table 11 on pages 74 to 76.

The following report has been submitted by Dr. S. T. Tucker, the Medical Officer of the Day Special School established at Tonbridge.

REPORT ON TONBRIDGE SPECIAL SCHOOL.

Number of children on roll January 1st, 1935 ..	..	37
Number of children on roll January 1st, 1936 ..	..	34
Boys 24.	Girls	10

9 children have been admitted during the year and 12 have left. 4 of these were sixteen years of age, 3 left to work, 2 were transferred to Institutions and 3 were excluded as being of too low grade a type for a Special School.

Miss Turner reports :—" During the year the school has been re-organized. There are now two classes working on parallel lines one with children under thirteen years and the other of those thirteen and older. The third class consists of children who are too backward to be absorbed in either of these classes at present. This arrangement makes it possible for the brighter children who were in the low grade room to have a better opportunity of advancement in all subjects and helps to eliminate the feeling of inferiority. Although the school has been working on this system for only one term I can already see it is of great advantage all round. We continue to be worried by the parents of the fourteen year old children for exemption to work. The health of the pupils has been satisfactory. The average percentage attendance for the year being 92."

There has only been time for one complete medical inspection this year. On the whole we have had a better response by parents for the treatment of defects.

In my opinion there are still too many low grade children being admitted to the School. It might be wise for me to examine all children sent up from districts outside the area before admission. As a general rule no child with an Intelligence Quotient of less than 60 should be admitted. In fact I should say that the rough limits of Intelligence Quotients of children suitable, are not below 60 and not above 75.

As will be noticed very few children are being returned as fit for elementary schools.

I am inclined to think, that there are many high grade mental defectives, who do not do well among their equals in brain power. Actually, they do a great deal better with suitable handling in the ordinary day schools. Several instances of such children have come to my notice in recent years.

This still further narrows the field of choice for the Special School, and if I had to choose the type of child most suitable for the latter, I should select the one who is most lacking in self-confidence or one who might be said to have the inferiority complex. Such a child would and does usually give the best results. I still think that there should be a great deal more care exercised in certifying (and " labelling ") children up to the age of nine or ten as mentally defective. I have recently decertified a child of twelve who had been scheduled morally deficient at the age of 8·9 and who was to have been sent to a home for delinquents. This child now attends an elementary school, is getting on well and giving satisfaction to her class and Head Teachers.

FULL TIME COURSES OF HIGHER EDUCATION FOR BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

There is nothing further to report.

NURSERY SCHOOLS.

None established.

SECONDARY SCHOOLS AND OTHER INSTITUTIONS OF HIGHER EDUCATION.

There is nothing further to report.

PARENTS' PAYMENTS.

There is nothing to add to my last report.

HEALTH EDUCATION.

There is nothing further to report.

MISCELLANEOUS.

Examinations of Assistant Masters, Mistresses, etc.—During the year, the medical staff examined 103 assistant masters and mistresses, 68 candidates for higher exhibitions, and 134 members of the staff.

Necessitous Cases.—During 1935, the Committee gave assistance to the undermentioned necessitous cases :—

Provision of travelling expenses	176 cases.
Provision of spectacles	249 cases.

Table 9 (*Board of Education Table I*).

Return of Medical Inspections.

ELEMENTARY SCHOOLS.

A.—Routine Medical Inspections, 1935.

NUMBER OF INSPECTIONS IN THE PRESCRIBED GROUPS.

Entrants	8,803
Second age group	6,268
Third age group	7,791
Total	22,862
Number of other Routine Inspections	—

B.—Other Inspections.

Number of Special Inspections	5,480
Number of Re-Inspections	22,888
Total	28,368

Table 10 (*Board of Education Table II.*)

ELEMENTARY SCHOOLS.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1935.

Defect or Disease.		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
(1)		Requiring treatment. (2)	Requiring to be kept under observation, but *not* requiring treatment. (3)	Requiring treatment. (4)	Requiring to be kept under observation, but *not* requiring treatment. (5)
Skin	Ringworm:				
	Scalp	1	—	52	1
	Body	7	—	54	—
	Scabies	12	2	173	—
	Impetigo	47	1	476	—
	Other Diseases (non-Tuberculous)	61	50	694	5
Eye	Blepharitis	79	68	106	5
	Conjunctivitis	8	16	40	—
	Keratitis	3	—	1	—
	Corneal Opacities	1	2	—	—
	Defective Vision (excluding Squint)	840	445	344	63
	Squint	108	72	50	8
	Other Conditions	46	28	79	4
Ear	Defective Hearing	74	115	82	9
	Otitis Media	17	13	93	1
	Other Ear Diseases	52	88	68	10
Nose & Throat	Chronic Tonsillitis only	188	1,052	119	59
	Adenoids only	105	171	53	13
	Chronic Tonsillitis and Adenoids	815	627	318	42
	Other Conditions	161	238	188	30
Enlarged Cervical Glands (non-Tuberculous)		36	507	67	28
Defective Speech		15	45	3	3
Heart and Circulation	Heart Disease:				
	Organic	17	61	18	8
	Functional	24	199	69	22
	Anæmia	142	152	81	9
Lungs	Bronchitis	55	77	83	7
	Other non-Tuberculous Diseases	21	134	75	25
Tuberculosis	Pulmonary:				
	Definite	3	—	1	—
	Suspected	3	12	4	6
	Non-Pulmonary:				
	Glands	4	5	33	—
	Bones and Joints	1	3	5	1
	Skin	1	—	—	—
	Other Forms	—	—	1	—
Nervous System	Epilepsy	8	13	13	3
	Chorea	1	11	29	6
	Other Conditions	55	84	35	10
Deformities	Rickets	3	16	4	3
	Spinal Curvature	88	156	21	12
	Other Forms	323	323	67	14
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)		446	1,022	961	144
Totals		3,871	5,808	4,560	551

B.—Number of INDIVIDUAL Children found at Routine Inspections to require Treatment (excluding Uncleanliness and Dental Diseases).

Group. (1)	Number of Children.		Percentage of Children found to require Treatment. (4)
	Inspected. (2)	Found to require Treatment. (3)	
Prescribed Groups :			
Entrants	8,803	1,323	15·03
Second Age Group	6,268	905	14·44
Third Age Group	7,791	1,193	15·32
Total (Prescribed Groups) ..	22,862	3,421	14·97
Other Routine Inspections ..	—	—	—

C.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups.	Number of Children Inspected.	A (Excellent)		B (Normal)		C (Slightly subnormal)		D (Bad)	
		No.	%	No.	%	No.	%	No.	%
Entrants ..	7,505	1,046	14·0	5,672	75·5	721	9·6	66	0·9
Second Age-group	5,823	872	14·9	4,192	72·0	717	12·3	42	0·8
Third Age-group	5,817	1,190	20·4	4,024	69·2	537	9·3	66	1·1
Other Routine Inspections	—	—	—	—	—	—	—	—	—
Total ..	19,145	3,108	16·3	13,888	72·5	1,975	10·3	174	0·9

Table 11.—*Return of all Exceptional Children in the Area,* 1935.

Children Suffering from Multiple Defects.

	Total.
Blindness (NOT Partial Blindness)	30
Deafness (NOT Partial Deafness)	
Mental Defect	
Epilepsy	
Active Tuberculosis	
Crippling	
Heart Disease	

Blind Children.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
10	—	—	1	11

Partially Blind Children.

At Certified Schools for the Blind.	At Certified Schools for Partially Blind.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
6	31	16	—	10	63

Deaf Children.

At Certified Schools for the Deaf.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
27	—	—	3	30

Partially Deaf Children.

At Certified Schools for the Deaf.	At Certified Schools for Partially Deaf.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
1	7	2	—	2	12

Mentally Defective Children.

Feeble-Minded Children.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
73	203	7	115	398

EPILEPTIC CHILDREN.

Children Suffering from Severe Epilepsy.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
7	11	—	13	31

PHYSICALLY DEFECTIVE CHILDREN.

A.—Tuberculous Children.

(1) *Children suffering from Pulmonary Tuberculosis (including Pleura and intra-thoracic glands).*

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
5	24	9	3	41

(2) *Children suffering from Non-Pulmonary Tuberculosis.*

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
52	156	14	9	231

B.—Delicate Children.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
115	62	—	—	177

C.—Cripple Children.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
70	34	1	29	134

D.—Children with Heart Disease.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
15	17	—	7	39

CHILDREN WITH MULTIPLE DEFECTS.

Combination of Defect.	At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At No School or Institution.	Total.
Feeble-minded and Epileptic	3	—	—	2	5
Feeble-minded and Cripple	2	6	—	4	12
Feeble-minded and Totally Deaf	—	—	—	2	2
Feeble-minded and T.B. spine	—	—	—	1	1
Totally Deaf and Cripple	—	—	—	1	1
Cripple and Epileptic	—	—	—	1	1
Cripple and Pulmonary Tuberculosis	—	—	—	1	1

Table 12 (*Board of Education Table IV*).

ELEMENTARY SCHOOLS.

Return of Defects treated during the Year ended 30*th June,* 1935.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS).

Defect or Disease (1)	Number of Defects treated, or under Treatment during the Year. Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Ringworm-Scalp. (Shown separately in brackets the number which were treated by X-rays)	70 (35)	9 (–)	79 (35)
Ringworm-Body	93	21	114
Scabies	137	26	163
Impetigo	909	75	984
Other Skin Disease	488	17	505
Minor Eye Defects : (External and other, but excluding cases falling in Group II) ..	216	48	264
Minor Ear Defects	103	38	141
Miscellaneous (e.g. minor injuries, bruises, sores, chilblains, etc). ..	557	25	582
Total	2,573	259	2,832

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I).

Defect or Disease.	Number of Defects dealt with.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Errors of Refraction (including Squint) ..	1,841	110	1,951
Other Defect or Disease of the Eyes (excluding those recorded in Group I) ..	1	—	1
Total	1,842	110	1,952

Total number of children for whom spectacles were prescribed:

(*a*) Under the Authority's Scheme	1,395
(*b*) Otherwise	101

Total number of children who obtained or received spectacles:

(*a*) Under the Authority's Scheme	1,324
(*b*) Otherwise	101

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Defect.	Number of Defects.				
	Received Operative Treatment.				
	Under the Authority's Scheme, in Clinic or Hospital. (1)	By Private Practitioner, or Hospital, apart from Authority's Scheme. (2)	Total. (3)	Received other forms of Treatment. (4)	Total Number Treated. (5)
Tonsils	139	33	172	—	172
Adenoids only	72	21	93	—	93
Tonsils and Adenoids ..	573	128	701	—	701
Other Defects of the Nose and Throat ..	—	—	—	1	1
Total ..	784	182	966	1	967

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

	Under the Authority's Scheme.			Otherwise.	Individual Children Treated.
	Residential Treatment with Education. (i)	Residential Treatment without Education. (ii)	Non-residential Treatment at an Orthopædic Clinic. (iii)		
Number of children treated	41	52	768	—	807

Group V.—Dental Defects.

(1) Number of Children who were :				
(a) Inspected by the Dentist :				
	Aged			
Routine Age Groups	5	4,938	Total	30,250
	6	4,112		
	7	3,781		
	8	3,682		
	9	3,491		
	10	3,261		
	11	2,664		
	12	2,096		
	13	1,810		
	14	415		
(b) Found to require treatment		21,842		
(c) Actually treated		8,551		
(d) Re-inspected		26,580		
(e) Re-treated during the year as the result of periodic examination		7,195		
(2) Half-days devoted to	Inspection	402	Total	3,823
	Treatment	3,421		
(3) Attendances made by children for treatment				26,437
(4) Fillings	Permanent teeth	15,390	Total	17,753
	Temporary teeth	2,363		
(5) Extractions	Permanent teeth	4,173	Total	29,945
	Temporary teeth	25,772		
(6) Administrations of general anæsthetics for extractions				869
(7) Other operations	Permanent teeth	3,221	Total	4,629
	Temporary teeth	1,408		

GROUP VI.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(i)	Average number of visits per school made during the year by the School Nurses	5·1
(ii)	Total number of Examinations of Children in the Schools by the School Nurses	203,726
(iii)	Number of Individual Children found unclean	3,136
(iv)	Number of children cleansed under arrangements made by the Local Education Authority	—
(v)	Number of cases in which legal proceedings were taken :	
	(*a*) Under the Education Act, 1921	—
	(*b*) Under School Attendance Byelaws ..	16

GROUP VII.

Return of Other Defects treated during the period 1*st July,* 1934, *to* 30*th June,* 1935.

	No. Treated or Under Treatment.
Malnutrition	303
Keratitis	2
Corneal Ulcer	3
Corneal Opacities	4
Other Eye Conditions	150
Defective Hearing	49
Otitis Media	99
Other Ear Defects	52
Nose and Throat (other conditions)	187
Enlarged Cervical Glands	87
Defective Speech	9
Heart :	
Organic	27
Functional	9
Anæmia	218
Debility	300
Lungs :	
Bronchitis	111
Other	51
Tuberculosis, Pulmonary :	
Definite	—
Suspected	—
Tuberculosis, Non-Pulmonary :	
Glands	—
Spine	—
Hip	1
Other Bones and Joints	1
Other	1
Nervous System :	
Epilepsy	8
Chorea	47
Other	35
Other Defects and Diseases	1,157
Total	2,911

NOTE.—The figures in Groups IV, V and VI of this Table relate to the period 1st January, 1935, to 31st December, 1935.

Table 13 (*Board of Education Table I*).

MAINTAINED, AIDED, JUNIOR TECHNICAL, JUNIOR COMMERCIAL, DAY TRADES AND PRIVATE SCHOOLS.

Number of Children Inspected 1*st January,* 1935, *to* 31*st December,* 1935.

A.—ROUTINE MEDICAL INSPECTIONS.

Age.	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	Totals.
Boys ..	—	5	6	6	71	102	153	747	384	387	1,637	197	968	1	1	—	4,665
Girls	3	32	46	32	68	129	151	592	249	176	1,167	82	865	14	9	5	3,620
Totals ..	3	37	52	38	139	231	304	1,339	633	563	2,804	279	1,833	15	10	5	8,285

B.—SPECIAL INSPECTIONS.

Boys	86
Girls	43
Total	129

Re-examinations (both sexes)	5,734

Table 14 (*Board of Education Table II*).

MAINTAINED, AIDED, JUNIOR TECHNICAL, JUNIOR COMMERCIAL, DAY TRADES AND PRIVATE SCHOOLS.

A.—Return of Defects found by Medical Inspection in the Year ended 31st December, 1935.

Defect or Disease		Routine Inspections.		Special Inspections.	
		No. of Defects.		No. of Defects.	
		Requiring treatment.	Requiring to be kept under observation but not requiring treatment.	Requiring treatment.	Requiring to be kept under observation but not requiring treatment.
(1)		(2)	(3)	(4)	(5)
Malnutrition		11	115	—	1
Skin	Ringworm :				
	Scalp	—	—	—	—
	Body	1	—	—	—
	Scabies	—	—	—	—
	Impetigo	—	—	1	—
	Other Diseases (Non-Tuberculous)	38	27	1	1
Eye	Blepharitis	27	7	1	—
	Conjunctivitis	1	2	—	—
	Keratitis	—	—	—	—
	Corneal Opacities	—	1	—	—
	Defective Vision	581	385	16	7
	Squint	1	4	—	—
	Other Conditions	4	4	1	—
Ear	Defective Hearing	23	34	2	1
	Otitis Media	2	—	—	—
	Other Ear Diseases	9	8	1	—
Nose and Throat	Chronic Tonsillitis only	24	75	—	1
	Adenoids only	11	17	1	1
	Chronic Tonsillitis and Adenoids	43	64	1	1
	Other Conditions	43	56	2	—
Enlarged	Cervical Glands (Non-Tuberculous)	7	50	—	—
Defective	Speech	6	7	—	—
Teeth—	Dental Diseases	1,341	44	20	—
Heart and Circulation	Heart Disease :				
	Organic	18	57	—	1
	Functional	28	128	2	1
	Anæmia	30	50	2	1
Lungs	Bronchitis	—	10	—	—
	Other Non-Tuberculous Diseases	22	46	—	1
Tuberculosis	Pulmonary :				
	Definite	—	—	—	—
	Suspected	1	3	—	—
	Non-pulmonary :				
	Glands	2	5	—	—
	Bones and Joints	—	—	—	—
	Skin	—	—	—	—
	Other Forms	—	—	—	—
Nervous System	Epilepsy	1	3	—	—
	Chorea	1	5	—	—
	Other Conditions	15	25	—	1
Deformities	Rickets	3	—	—	—
	Spinal Curvature	273	159	3	2
	Other Forms	385	312	7	3
Other Defects and Diseases		223	330	12	8
Total		3,175	2,033	73	31

B.—Number of Individual Children found at Routine Medical Inspections to require Treatment (excluding Uncleanliness, Defective Clothing, etc., and Dental Diseases).

Group. (1)	Number of Children. Inspected. (2)	 Found to require Treatment. (3)	Percentage of Children found to require Treatment. (4)
Code Groups :			
First Age Group	804	173	21·52
Second Age Group	633	124	19·59
Third Age Group	2,112	387	18·33
Total (Code Groups)	3,549	684	19·28
Other Routine Inspections ..	4,736	849	17·93

C.—Classification of the Nutrition of the Pupils.

(SECONDARY AND TECHNICAL SCHOOLS.)

Year of Birth.	No. examined for purpose of recording Nutrition.	Classification under " Group " Headings with Percentage Figures Attached.							
		A. (Excellent).		B. (Normal).		C. (Slightly sub-normal).		D. (Bad).	
		No.	%	No.	%	No.	%	No.	%
1930	27	9	33·0	18	67·0	—	—	—	—
1929	30	5	16·7	23	76·7	2	6·6	—	—
1928	14	6	42·8	8	57·2	—	—	—	—
1927	74	23	31·1	44	59·5	7	9·4	—	—
1926	128	24	18·8	91	71·1	12	9·3	1	0·8
1925	180	30	16·7	128	71·1	22	12·2	—	—
1924	1,189	192	16·1	894	75·2	103	8·7	—	—
1923	477	89	18·6	310	65·0	74	15·6	4	0·8
1922	413	73	17·7	286	69·2	53	12·8	1	0·3
1921	2,517	534	21·2	1,758	69·8	209	8·3	16	0·7
1920	139	29	20·8	100	72·0	9	6·5	1	0·7
1919	944	212	22·5	640	67·8	90	9·5	2	0·2
1918	13	2	15·4	11	84·6	—	—	—	—
1917	9	—	—	9	100·0	—	—	—	—
1916	8	4	50·0	4	50·0	—	—	—	—
" Entrants " (age not stated)	331	37	11·2	264	79·8	29	8·7	1	0·3
Age not stated	230	45	19·6	176	76·5	9	3·9	—	—
	6,723	1,314	19·5	4,764	70·9	619	9·2	26	0·4

Table 15 (*Board of Education Table IV*).

MAINTAINED, AIDED, JUNIOR TECHNICAL, JUNIOR COMMERCIAL, DAY TRADES AND PRIVATE SCHOOLS.

Return of Defects treated during the period July 1*st*, 1934, *to June* 30*th*, 1935.

GROUP I.—MINOR AILMENTS (EXCLUDING UNCLEANLINESS).

Disease or Defect. (1)	Number of Defects treated or under Treatment during the Year.		
	Under the Authority's Scheme. (2)	Otherwise. (3)	Total. (4)
Skin—			
Ringworm—Scalp	—	—	—
Ringworm—Body	—	2	2
Scabies	—	3	3
Impetigo	—	—	—
Other Skin Diseases	—	13	13
Minor Eye Defects—			
External and other, but excluding cases falling in Group II	—	13	13
Minor Ear Defects	—	6	6
Miscellaneous—			
e.g., minor injuries, bruises, sores, chilblains, etc.	—	—	—
Total	—	37	37

GROUP II.—DEFECTIVE VISION AND SQUINT (EXCLUDING MINOR EYE DEFECTS TREATED AS MINOR AILMENTS—GROUP I).

Defect or Disease. (1)	Number of Defects dealt with.			
	Under the Authority's Scheme. (2)	Submitted to refraction by Private Practitioner or at Hospital apart from the Authority's Scheme. (3)	Otherwise. (4)	Total. (5)
Errors of Refraction (including Squint)	358	288	55	701
Other Disease or Defect of the Eyes (excluding those recorded in Group I) ..	1	—	—	1
Total	359	288	55	702

Total number of children for whom spectacles were prescribed :

(*a*) Under the Authority's Scheme	219
(*b*) Otherwise	328

Total number of children who obtained or received spectacles :

(*a*) Under the Authority's Scheme	201
(*b*) Otherwise	326

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

	Number of Defects.				
	Received Operative Treatment.				
(1)	Under the Authority's Scheme in Clinic or Hospital. (2)	By Private Practitioner or Hospital, apart from Authority's Scheme. (3)	Total. (4)	Received other forms of Treatment. (5)	Total Number Treated. (6)
Chronic Tonsillitis ..	2	9	11	—	11
Adenoids	1	2	3	1	4
Chronic Tonsillitis and Adenoids ..	2	17	19	—	19
Totals ..	5	28	33	1	34

GROUP IV.—TREATMENT OF OTHER DEFECTS.

	Cases Treated or Under Treatment.
Malnutrition	10
Ears—	
Defective Hearing	7
Otitis Media	—
Other Ear Conditions	1
Nose and Throat (other than enlarged tonsils, etc.)	—
Enlarged Cervical Glands	9
Defective Speech	—
Defective Teeth	983
Heart—	
Organic	—
Functional	—
Anæmia	29
Lungs (other than bronchitis)	4
Tuberculosis, Pulmonary—	
Definite	—
Suspected	—
Tuberculosis, Non-Pulmonary	—
Nervous System—	
Chorea	—
Other	13
Deformities—	
Rickets	—
Spinal Curvature	36
Other Forms	221
Debility	13
Other Defects and Diseases	24
Total	1,350

Table 16.—NUTRITION.

To show comparison between Elementary and Secondary Scholars.

	Nos. examined for purpose of recording nutrition.	A (Excellent). No.	%	B (Normal). No.	%	C (Slightly Subnormal). No.	%	D (Bad). No.	%
All ages combined :									
Elementary	19,145	3,108	16·3	13,888	72·5	1,975	10·3	174	0·9
Secondary ..	6,723	1,314	19·5	4,764	70·9	619	9·2	26	0·4
Combined ..	25,868	4,422	17·2	18,652	72·1	2,594	10·0	200	0·7